PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

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leg.	Dis	t. I	No.		7	1	9	/	

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:
County June Cl Deorge	(For newborn infants give residence of mother)
City or town	State Mary land county france Slorge
How long in above place of death? 15 ayears	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. S. O. J. Jackson Caul
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war INONO
3. (a) FULL NAME	3. (b) Social Security Number
BEATRICE GUIL	4
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1.4	
Female White Widowed	20. DATE DE DEATH WORLD 19.47 , 21.3:47 P.M
6.(b) Name of husband or wite. O. Slonge W. Cryslas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	110x 5 1046 6 lear 12 1047
7. Birth date of	and that I last saw h. S. alive on 31.21.47 19.
deceased (mo., day, yr.) (January / 1813	Immediate cause of death) all ular War DURATION
8. AGE: Years Months Days If less than one day	Discose + pulmonary congesting 1949s.
140 2 14hrsmin.	(pullinger
9. Birthplace Paris atranse	Ove to Blecomatic Kover Cone 1 week
(Town, county, and state)	
10. Usual occupation Touse Wife	Oue to
11. Industry or business	000 (0
I 12. Name Sueld	Other conditions.
12. Name Drule Mass	United Conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name ANK Knowl 15. Birtholace ANK .	Major findings of operations.
E 15. Birthplace and .	Date of op.
16. Informan My James a Song	Antopsy results
and St. C. The A	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 A- ma 1 12 10	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or remoyal, Which)	Accident, suicide, or homicide
Complexed crematory / Wm hels.	Where did injury occur?
MATE 1900	
Location / / April 1901	Injured at home, tarm, Industry, public place (where?)
18. Funeral director 11. Dellams Dell Some	Means of Injury Injured at work?
Address 300-4 th St ME, Wish, WC	Heliston Courselle
AUGUST CONTRACTOR OF THE PROPERTY OF THE PROPE	23. SIGNATURE WILL WORKE SOME OF STIPE
19 mar of 13 19 47 mrs Jas, Devere	5000/ Ren Rahla 2/10/19
(Date rec'd by registrar)	Address 2.0.3.2

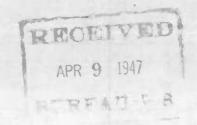
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

V			
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State D. C. County		
City or lown	City or town Washington		
How long in above place of death?	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Streef No. 126 C. St., S. W.		
Glenn Dale Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Badgett, Omice.	Mae.		
4. Sex 5. Color or race (3.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married	3.5		
	20. DATE OF DEATH March 31, 19 47, 21 6.		
6.(6) Name of husband or wife James H. Badgett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6 (c) If all ye also are 37 years	1/24 19 46 10 3/3/ 19 4		
T. Birth date of T. B. 20 7025	and that f last saw h. L. alive on 3/3/ 19.47		
deceased (mo., day, yr.) Feb. 28, 1925	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Janem Interentosis 18 mm		
22 22 1 3hrsmin.	/		
9. Birthplace	Due to		
10. Usual occupation Housewife	Que fo.		
11. Industry or business			
	- NO		
0 N	Dther conditions		
	(Include pregnancy within 3 months of death)		
Hary Wells 14. Malden name. Hary Wells 15. Birthplace ? North Carolina	Major findings of operations		
15. Birthplace ? North Carolina	Quite of on.		
D-copped			
16, Informant Deceased	Antopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (ponth) (day) (year)			
Cemetery or crematory	Where did Injury occur?		
location to Washington, DC.	Injured at home, farm, Industry, public place (where?)		
1-0 200.	Misens of Injury Injured af work?		
18. Funeral director Salma V. R. Rives d. Co:	O O O O		
Address 981-33-55 5. W	23. SIGNATURE & Janel Leo Finicane M.F.		
19 May 31, 1947 Rowland & Philips	M. D. or other		
19. Jak. 31 1947 Cowland S. Plubps	86 4/26 md Mar 31/94		



Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (930) CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) (It outside eity or town limits, write RURAL and give hearest town) How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) 8000 Bone Jane washington 19 1 Hospilal Insiliption, or street address where death accurred: (If rurat, give LOCATION) information How long in hospitat or Institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 2 days ARGIN RESERVED 10. Usual occupation 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should he charged statistically Address 22. VIOLENCE: It death was due to external causes, flit in the tollowing: mar 17, 194 Accident, sulcide, or homicide..... Where did injury occur?(City or town) WRITE (County) injured at home, farm, industry, public place (where?) ... injured at work? Means of Injury SE EA

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MARYLAND STATE DEPARTMENT OF HEALTH

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biath	Mate is shown on	es St., Baltimore	03048
rect 2		TE OF DEATH	Rog. Dist. No. 2 430
. The corlegibly.	1. PLACE OF DEATH: County Part of County (If outside city or town limits, write RURAL and give nearest town)		ty Saince George
ay item of information carefully. The correct age the causes of death clearly and legibly	How long in above place of death? Hospital, institution, or street address where death occurred: Come - Bowie m d How long in hospital or institution?	City or town	write RURAL and give nearest town)
formatio f death c	JAMES SAMUEL BANKS	Z.(u) II veteran, name war	3. (b) Social Security Number
m of in	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Marriel	MEDICAL CE 20. DATE DE DEATH MEDICAL	RTIFICATION 18 47 at 4: A m
eve	6.(b) Name of husband or wife	and that I last saw h. J. M.A. alive on M.A. M.A.	10 March 4th 19 47.
	8. AGE: Years Month July 170ays 187 gless than one day 68 8 0		it tailure 9 months
ADING INK, Supp Physicians: please	10. Usual occupation. But Che B	Due to.	37 S-10 Yus
F	12. Name. Jacob I Bunas 13. Birthplace Caroline County, Va	Other conditions Canal Pa (Character of Storm Alpha (Include pregnancy withings me	qual sisting.
WITH import	14. Maiden name Mildred J. 13anks 15. Birthplace fine George County, Va.	Major findings of uperations.	
AINLY, WITH UNI	16. informant & Oldfe Vaces Son Address 436 M. Jonuthan, Iduserstown, A. 17. Builld Date thereof 3-20-47	PHYSICIAN: Please underline the cause tu which 22. VIOLENCE: If death was due to external cause	es, fill in the following;
RITE PI	Cemetery or crematory. CRAME TEMP. Location Pleas and Grove Bout!	Accident, suicide, or homicide	(County) (State)
LEASE WRITE PLAINLY	18. Funeral director markey Fladung Lons Address Bowle mad	Means of Injury	Injured at work?
PLE	19 Mear. 19 19 42 Muss fr. W. Guighing Registrar)	23. SIGNATURE COURSE MO	M. D. or other Myland Date signed 3-17-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03049

	Reg. Dist. No.
1. PLACE OF DEATH: County Clity or town. (If opticide city or town limits, write RI/RAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Francisco of mother) State County City or town (It chief decity or town/limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME Valler Thomas Busto 4.8ex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
ne C Hidowed	MEDICAL CERTIFICATION 20. DATE OF BEATH March 33 1947 at 7:45 p. A.
6.(b) Name of husband or wife	21 CERTIFY that death occurred on the date above stated; that t attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
deceased (mo., day, yr.) Arack 15 / 9 8 3 8. AGE: Years Months Days If less than one day	Immediate cause of death Mayour white DURATION / DURATI
9. Birthplace (Town, county, and state) 10. Usual occupation Laborate Blocks	Oue to Age, work and Ouelasselle Phone Prom
11. Industry or business land 136. Factor 12. Name 12. Name 13. Birthplace 13. Bi	Other conditions.
14. Maiden name Plin Barton 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Ella Showar Glangty Address 4712-41 of Pd. Hyattindless	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal Which?) Oate thereof War 34 /94 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Location 467 a Sharan arash 26	Where did injury occur?
18. Funeral director Henry S. Washing fore + So. Address 467 N & f. n. W.	Means of Injury Injured A work? 23 SIGNATIONS Villa J. Spillar Dr. D.
March 24 19t. James Severy Registrar	Address P. Acat Land Date signed 3/23/1/2

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DESCRIPTION OF BEATTER

MERCHANIST CHARLEST ST. LEWIS

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correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH



03050 Reg. Dist. No. 2431

County. County. County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? One. month, 29 days. Hospital, institution, or street address where death occurred: Clenn Dale Sanatorium How long in hospital or institution? One. month, 29 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME BATSON HELEN	3. (b) Social Security Number 579-12-1777
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Female Colored Separated	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3/23 1847 216 5. I
6.(b) Name of husband or wife Oscar Batson 7. Birth date of deceased (mo., day, yr.) February 17, 1909	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
8. AGE: Yeare Months Daye If less than one day 38 38 1 6 hremin.	pulu libereuges 20 pus
9. Birthplace	Due to
14. Malden name Louise Dutch 15. Birthplace Montgomery Co., Maryland. Deceased 16. Informant	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. (Burisi, cremation, or removal. Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causee, fill in the following: Accident, aulcide, or homicide
19. Mar. 23, 1947 Rowland & Philips (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE Daviel Les Finicane M.D. or other Address & lenn Dale Md, Date signed Man 23, 194



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MAKIL	ANU	SIAIL	DEPARTMENT	Uľ	HEALIR

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

2310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trince George	
City or town	State DA GALLA County JA DEL GLORY
	City or town
How long in above place of death?	- · · · · · · · · · · · · · · · · · · ·
Loine Jeorges General	Street No. 3 805- 31 8/-
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Shelby M Baylor	
4. Sex 5. Color or race 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male white married	20 AVE DE DESTU 3-31-
Plate which	20. DATE OF DEATH. 19.1 21 N
6.(b) Name of husband or wife fearnette Baylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3:2F 19.47, to 5:3/ 19.47
7. Birth date of years	and that I last saw h. Assas alive on 3 - 3 / 19 4 7
deceased (mo., day, yr.) 1101 Ch 27 1899	Immediais cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral Hamorlinge 34 day
48 0 4hrsmin.	
Funny Page Vincinia	a Hay to the Conding
9. Birthplace from, county, and atate)	Due to 144
10. Usual occupation Stock room manage,	Nacht The Little
	Due to
11. Industry or business	
12. Name Saylor Boylor	Other conditions
13. Birthplace Luray Vikgine a	(Include pregnancy within 3 months of death)
# 14. Maiden name Mindie Shapk	(Include pregnancy within 3 months of death)
	Major findings of operations
\$ 15. Birthpiace L. 1.1 ray Virginia	Date of op.
16, Informant Jeanwittel Dayloy	Antopsy results
berg side on the in Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3805-31 mr. Mainer Ma.	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
TT I	
Cemetery or crematory	Where did injury occur?
Location Worth Walte Delvit & N. G. hane and	injured at home, farm, industry, public place (where?)
War Q. Mallest	Means of injury injured at work?
18. Funeral director	1
Address 3200-07. J. live my of assers my	Marine Ussummers und.
H/2 1/2 // / / / / / / / / / / / / / / /	23. SIGNATURE M. D. or other
(Date ree'd by registrar) 19. Registrar	Address lut Raini luc Date signed 4-1.47

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)

03052 Reg. Dist. No. 2340

			-0.0
CERTIFI	CATE	OF	DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME Elizabeth Virginia B	Roden 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wilco 6 (b) Name of husband or wife George Baden	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate cause of death Myo and this DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation for the first state occupation	Oue to
14. Maiden name Enelyn 15. Birthplace Ceffwelle, M.S. 16. Informant Mrs. Fredrich T. Uncle	(Include pregnancy within 3 months of death) Major findings: Of operations Please underline the cause to which death should be charged statistically.
Address 17. Date thefeot 3. 3. 3. 4. 7. (Burial, cremation, or removal. Which?) Cemetery or crematory 1. (month) (day) (year) Location 18. Funeral director 1. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Oate of Oate
19, 3/25 19, (Vate rec'd by registrar) 19 47 Mrs. Alton Davis Registrar	23. SIGNATURE 2 for Achivarta MO 1227 Talbart Sa Sa M. D. or other Address World (201 D.S. Date street 23/4)

mer 20 1947 PIRIALIS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACEOF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Gif outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME alberta Boswel	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Name of husband ex wife 7. Birth date of deceased (mo., day. yr.) 8. AGE: Years Months Days It less than one day ATOWN, county, and state) 10. Usual occupation 11. Industry or business 12. Kame 13. Birthplace 14. Maiden name Auchia Address 46/3- 73 46. (b) Single, married, widowed, or divorced Action of proceed Action of deceased, widowed, or divorced Action of proceed 5. (c) It alive, give age years 5. (c) It alive, give age years 11 less than one day Action of proceed Town, county, and state) Action of proceed The proceed of proceed The proceed of proceed o	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.7. to 19.7. and that I last saw h alive on 19.7. Immediate cause of death DURATION Due to Arterior Schooles Leu sure fract descence (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereot H - 25 - H 7 (Burial, eremation, or removal, Which?) Cemetery or crematory Creek Location Location Company t8. Funeral director W - W - Chambers Company table Company	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19 Hart St 1847 James Severy (Date rec'd by registrar) Registrar	23. SIGNATURE TWU 1. Grasgeen, M. D. or other Address 2503 Queus Chapells. Date signed 3-21-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-a)

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	Reg. D	iat. No	Int	5
OF DE	CEASED :	:		
County				

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frank Claryles	(For newborn infants give residence of mother)
City or town (If outside eity or town limits, write RURAL and give nearest town)	State 10. C. County
How long in above place of death?	(If outside city or town) mits, write RURAL and give nearest town)
Hospital, institution, or street address where death occupred:	Street No. 715 Sucham St. n &
Lelund memorial Arspital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	wles
4. Sex 5. Color or race (Ca) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Geneale robute Widowed	20. DATE DF DEATH. Draich 2 8 19 4 7 21 7 6
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from Hav. 25 1947, to May 28 1947.
7. Birth date of	
deceased (mo., day, yr.) CTet. 23 1 7 6 9	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
261 1 6	auste cardine failure 3 days.
/8 / 3hrsmin.	//
9. Birthplace St. may s County and	Sue to
9. Birthplace (Town/county, and atate)	Credinarian disin -
10. Usual occupation. Housenfre	
11. Industry or business	Due to
at 1. Industry or dusiness	
E 12. Name Super Manager	Other conditions
13. Birthplace SN - mary's County, and	
# 14. Majden name Anne Mars Dorses	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace St. mary County and.	Date of op.
16. Informant Leleurd Menonal Fronty Remode	Autopsy results
	PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
Address (midale, and	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof. 3/3//947. (month) (day) (year)	
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Lelsant 1811	Where did injury occur?
Location Swithand SMJ-	Injured at home, farm, Industry, public place (where?)
18 Funeral director & shert Smallingly	Means of Injury Injured at work?
18. Funeral director Of Other Manney	7 11
Address /3/-// St. S. E. Washington W.le.	23. SIGNATURE Cal N. Droeff, M.D.
19 said 26 1947 James Gevery	23. SIGNATURE M. D. or other M. D. or other Add 3/28/47



G 109 3/3/47 2411 N. Cha	DEPARTMENT OF HEALTH Irles St., Baltimore TE OF DEATH Reg. Dist. No. 2355
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Slate County County City or town City of town limits, write RURAL and give nearest town) Street No. 4 (If rural, give LOCATION)
How long in hospital or institution?	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced We have a served 6.(b) Name of husband or wife live lb. Beary	MEDICAL CERTIFICATION 2D. DATE OF DEATH NOT. TO 1940, 21
6 (c) It alive give age vea	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min 9. Birthplace (Town, county, and atate) 10. Usual occupation	
E 12, name	Other conditions
13. Birthplace 14. Maiden name Busice 15. Birthplace 16. informant Edwin W. Bray 17. Stranger Stra	Major findings of operations
Address 3 7 2 - 1 7 8 8 5, Address 3 7 2 - 1 7 8 8 5, 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. The sure sure sure sure sure sure sure sur	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Wash. S.C. 18. Funeral director Wellbereiles Co	Injured at home, farm, Industry, pub ¹¹ c place (where?) Means of Injury Injured at work?
Address 5/1-//825 & War 20 19 47 Amanda Wowne (Date rec'd by registrar) Registrar	23. SIGNATURE OF P. Clum M. D. or other Address Madle ville 20 Date signed 20-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0,	N.	24	1-3.1
Reg. Diat.	No.		

1. PLACE OF DEATH	Danim	ce Geo	rges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County				State D. C. County	**************************
City or town				City or tawn. Washington (If outside city or town limits, write RURAL and give	manmat famm
Hospital, institution, or etree	t address where	eath occurred	N	Street No. 1407 W. Street, N. W.	
			orium	(If rural, give LOCATION)	
How long in hospital or insti	tution?5	months		2.(a) It veteran, name war	7
3. (a) FULL NAME		,		3. (b) Social Secur	ity Number
	E 79	NE	STINE.O	BROWN	
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	-45
Female	Colored	Si	ngle	20. DATE DF DEATH Marce The 19 4	-7 al 8 5 m
6.(b) Name of husband or wi	te			21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
		5.(c) It alive, give ageyeare	Oct 8 a 19 46 to Ma	rek 9 19 47
7. Birth date of deceased (mo., day, yr.)		0, 191		and that I last eaw h. D. Lalive on I Mockelle 9.	19.44.7
8. AGE: Yeare	Months	Days	If less than one day	Jamesdiais cause of death.	
28 28	1	19	hrs min.	Velugiary Velescelosis	5 mis
Mo	nroevill	e. Ala	bama	Due to.	Winnella Krist Sud. Siden
9. Birthplace	(Iown,	county, and a	tate)	Sue to.	*******
1B. Usual occupation	Clerk	, O.P.	A.,	Due to.	***************************************
11. Industry or business	ALC: U				
¥ 12. Name	oseph Br	own :		Other conditions	
12. Name J 13. Birthplace MO	nroevill	e. Ala	bama		
	14			(Include pregnancy within 3 months of death)	
				Major findings of operations.	
	Monroevi				
16. InformantD	eceased			Antopsy results	
Address				22. VIOLENCE: tt death was due to external causes, till in the following:	
11 Remova	<u></u>	Date there	3/10/47	Accident, suicide, or homicide	
11. Bate thereot (month) (day) (year)					
Cemetery or crematory.				Where did Injury occur?(City or town) (County)	(State)
Location May	melo	- D		Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director	Long .	- TMG	men) Inc.	Meane of injury Injured at work?	
Addrees 132	6-10	a Ph	. M. H.	23. SIGNATURE Daniel Leo Pinica	· mo
111.00	9 114	R	2. 18 Plici	23. SIGNATURE CONTRACTOR SIGNATURE M.	D. or other
19. (Date rec'd by registrar) Registrar				Address Vlen Wale Mol, Date sign	ned 3/9/47



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VS A15

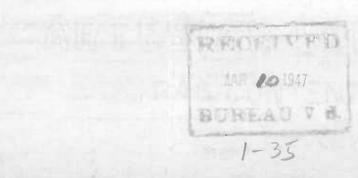
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (248)

CERTIFICATE OF DEATH

(3057 g. Diat. No. 2310

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Mary and County rive Trople
(If outside city or town limits, write RURAL and give hearest town)	Call the Literal
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Show and and.
How long in hospital or institution?	(If rural, giv LOCATION) 2.(a) If veteran, name war
3\(a\) FULL NAME	
James S. Bru	3. (b) Social Security Number
5. Color Trace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
wall wat Dirayces	DO DATE OF DEATH MARCH 1847 at 9 P. N
	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wife	Erety 1 147 march 194
7. Birth date of 1000 Sirth date of 187 A	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
72, 2, 29	gailine i die wo
Bris a AR MARINA	Ci-a harris al Mari
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to.
11. Industry or business	DUC 14
E 12. Name. See Brisan	Differ conditions
X 13. Birthplace	
Eumont and Barry	(Include pregnancy within 3 months of death)
5 15. Birthplade	Major findings of operations.
Musi Breling Bry Man	Date of op.
10.3/1 - 10.00 MIN TO CONTRACTOR	PHYSICIAN: Please underline the cause to which death should be charged statistically.
and the second of the second o	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremstion, or removal Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or Fematory ST 11 Abrille 1	Where did injury occur? (City or town) (County) (State)
Location Villation to A Sond	Injured at home, farm, industry, public place (where?)
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Means of Injury Injured at work?
18. Funeral director	
Address Myll Musling, 1119	23. SIGNATURE R. OLGAN
19. 3/8 1947 Umanda Deuneg	PA- CATO & DATE IN MIL MP. of other 1944
(Date rec'd by registrar) Registrar	Modern State of the Control of the C



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VS A15

PLEASE

BEADVI	ANID	CTATE	DEDI	RTMENT	OF	TIESAT	T
MAKTI	ANI	SIAIR	DEPA	KINENI	CPP	Hr.Al	

2411 N. Charles St., Baftimore 940

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/				CERTIFIC	AIL	OI DEATH	Reg. Diat. No	***************************************
PLACE CF-DEATH: PRINCE GEORGES LAUR EL (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or sfreef address where death occurred: How long in hospital or institution? 3. (a) FULL NAME CARROLL F. BURDETTE					S:	USUAL RESIDENCE (HOME) OF (For newborn infants give residence of rate	nother) alyCAF, ROLL , write RURAL and give nea	arest town)
4. Sex	1.5.4	Color or race		e, married, widowed, or divorced	- (1	MEDICAL CE	ERTIFICATION	12 7107
MAIE W	HITE		MAnh		2	D. DATE OF DEATH March 13, 194	7 19	., at
		GOLDEN			2	1. I CERTIFY that death occurred on the date abo	ve stated; thaf I affended dece	ased from
6.(b) Name of husba	and or wi	feCr	*****************		******	3-13-47	fo	
7 Dieth data at			B.(e	c) If alive, give age	years	nd that I last saw him deadon	March 13. 194	7 19
deceased (mo., da		Oct. 1	6. 1903	3		mmediate cause of death		
8. AGE: Y	ears	Months	Days	It less than one day				
43		4	27	hrs.	1111	CORONARY THROMBOS	TC	l da
42		MARYLANI	1					
9. Birthplace		(Town	county and	state)		ue fo		
						UNKNOWN	•••••	
10. Usual occupation	on		MATA	CO FR	D	ue fo		
11. Industry or bus	iness		N					***************************************
当 12. Name	FRAN	K BURDE	FTE	***************************************		ther conditions	***************************************	
12. Name	MARY	LAND						
M		AMANDA		ON		(Include pregnancy within 3 n	nonths of death)	
王 14. Maiden na	me	MARYLA	ND	***************************************	M	lajor findings of operations	***************************************	
14. Maiden na 15. Birthplace							Date of op	
16. Informant	MR	S. GOLD	EN L. E	BURDETTE		utopsy results		
		. AIRY			P	HYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
Address Burial 3-16-47					7 2	2. VIOLENCE: It death was due to external cau	ses, fill in the following:	
17						ccident, suicide, or homicide		
(Burial, cremat	tion, or 1	removal. Which?) an our	(month) (day) (year)				
Cemetery or crematory. PINE GROVE				100000		fhere did Injury occur?(City or town)		
		MI.	ALLI	ARRULL CO.MD.	1	njured at home, farm, industry, public place (wi	nere?)	
				.2		Means of Injury	fnjured af work?	
18. Funeral director WINK IELD MARYLAND				MARYLAND		1/1/11/11		0
Address					S	IGN HERE	new/	111
	1.7		rl.dna	M Howst+	2	3. SIGNATURE	M D	or other
19,	41	19	u:la	11GMTPP		Laurel Md.		
3-16-47 19. (Date rec'd by registrar) Edna M. Hewitt Registrar					strar A	ddress	Dafe signed.	

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6)

CERTIFICATE OF DEATH

(13059 Reg. Diat. No. 2420

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant@give residence of mother)
City or town	State Maryland, County Grunce Seorges
(If outside gty or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 60/8 Skerift Road
6018 Sheriff Dood	(If rural, give LOGATON)
How long In hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME William Edward	Burroughs 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Hegro married	20. DATE OF DEATH March 19, 1947 at /203 A.M
6. (b) Name of husband or wife Laa E. Burroughs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age	October 19 45, 10 March 19 19 47
7. Birth date of deceased (mo., day, yr.) James 23, 1889	and that I last saw h. Mandalive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
57 8 19hrsmin.	Ceredinal Resident 30mm
8. Birtholace Charles County, Md.	Due to Hypertensine Cardio-Vasculy
(Town, county, and state)	Disease with mitige unknown
1D. Usual occupation	and Insufficiency
11. tndustry or business	
12. Name Unknown 13. Birtholace Charles County, Md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name 6 mely 4 7	Major findings of operations
14. Malden name Emily 7? 15. Birthplace Charles County, Md.	Major madings of operations
16. Informant Mrs. I da E. Burroughs	Antopsy results.
Address 6018 Sherits Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0/1/ 1/0 00	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Buriai, cremation, or removal. Which?) Date thereof (month) (day) (fear)	Accident, euicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mashington, oc.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Holin of Stewarth	Meens of injury trijured at work?
2000 06 2.40	
Address of the second of the s	23. SIDNATURE M. D. Or other
19.3/ 9 19.47 Carriet, Campbell (Vate rec'd by registrar)	Address 1001 Eastern Care, Ke Date signed 3/19/47

MAR 21 1947

A15 VS

MADVI AND	CTATE	DEPARTMENT	OF	THEATT
MARTLAND	SIAIL	DEPARTMENT	ur.	Hr.Al.

2411 N. Charles St., Baltimore 200 a.

CERTIFICATE OF DEATH

03060 Reg. Dist. No. 23 / 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Charge	State mary and county Prive People
(If outside key or cown limits, write RURAL and give nearest town)	Rhendahe
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6 204 54 ave
31-20	(If rural, give LOCATION)
How long In hospital or Institution? 14 hours 35 min	2.(a) It veteran, name war
3.(a) FULL NAME Rearge Butler	3. (b) Social Security Number
4. Sex 5. Coor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. 3-22 1947 31 /8/3/4
5.(6) Name of husband or wife Beatrice	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of nuspand of wife	der 2 19.117 10 Les out 22 19.42
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw halive on
deceased (mo., day, yr.) Sec. 19 180	Immediate cause of death
8. AGE: Years Months Days If less than one day	auto Heat Tolure
60 3 3hrsmin.	
9. Birthplace South and state)	Due to
10. Usual occupation Denhist	Oue to
11. Industry or business	
12. Name Gentre But 197	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. 1. evna Sumphou	Major findings of operations.
	Date of op.
16. Informant Deather V. But lev	Autopsy results
Address \$204 54 ave Tivergals, And.	22, VIOLENCE: It death was due to external causes, till in the following:
17 (Burial, cremation, or remove) Which (morth) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Washington W.C	Where did Injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Martine W Susongho	Means of Injury Injured at work?
Address 1300 N. Street W. W. Work	W.C. Woits Last.
1, 3/22 , 47 amanda Downey	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

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	les St., Baltimore BD
	TE OF DEATH Reg. Diat. No. 2 0 U
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clive (If outside city or town limits, write RURAL and give noreat town) Streef No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Carter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. MEDICAL CERTIFICATION 19.4.7., at 5
6.(b) Name of husband or wife Add Add Banks Carter. 7. Birth dafe of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day Prox X. FO Some Control of the strain of	Ndn- 5 18 47 10 Mdrch 5 19
Address Accokeek. Md Burial 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director. Address Waldorf, Md Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE. M. D. or other

MARGIN RESERVED FOR BINDING

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VS A15

MAR 12 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

CERTIFICATE OF DEATH

(P) (13/16/3/

1. PLACE OF DEATH: ()	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Deorges	8 + '+ 10 d
City or town (If outside city or town limps, write RURAL and give nearest town)	State Columy Columy
How long in above place of death?	(If outside city or town limit) write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	
Prince George Seneral Hospe	Siget No. 1921 (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charters, Mrs. anna M	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 de White Widowell	2 7 1150
1,000	20. DATE OF DEATH 3 - 7 19.4.7 21 11.70 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive nn
accessed (mod any)	Immediais cause of death Suruleut austitio DURATION
8. AGE: Years Months Days If less than one day	with any proletis
94min.	40-10
9. Birthplace	Due to.
9. Birthplace(Town, county, and state)	
10. Usuat occupation	The street of last his
	Due fo.
11. Industry or business	T. J. J. D. L. S.
12. Name Jacob Hartslew 13. Birthplace Germany	Diher conditions
13. Birthplace Sermany	(Include pregnancy within 3 months of death)
E 14. Maiden name Christina Heller	
Har and and	Major findings of operations.
S 15. Birthplace Leemany	Date of op.
16. Informant house et thanks	Antopsy results. Some
Address 1921- Keaner St 82-D	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 may 10117	22. VIOLENCE: If death was due to external causes, fill-in the following:
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Detect Date of 1-25-4
Cemetery or crematory Thuyes Complany	Where did Injury occur? (City or town) (County) (State)
Walle L. Ohio	1
Location	trijured at home, farm, Industry, public place (where?)
18 Euraral director the S. A. Thinks Co	Means of Injury when and gell Tonjury mache
2001 11th lx non	Mejouty meaning your
Address 390/ 7	23. SIGNATURE ALMED & Land
3/8 47 Unanda XJaunes	M, II or other
19. (Date rec'd by registrar) Registrar	Address Date signed 3 - 8 - 8

Anice this accedent hoppined in the Destrict of Columbia the Dutuct Carone Dr. a. moguder mac lovold has been hothied and this care is released o James d. Joss RECEIVED

MAR 12 1947
REAU VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ro)



03063

			8 21	13	1
Reg.	Diat.	No.			0

1. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland county Prince George's		
City or town	City or town. AQUASCO (If outside city or town limits, write RURAL and give nearest town) Sireet No		
3. (a) FULL NAME	3. (b) Social Security Number		
William Bruce Chesley	S. (O) Social Security Named		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	2D, DATE OF DEATH March 30, 19 47 2, 8:00P		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from		
7. Birth date of 1867	and that # last saw halive on		
8. AGE: Years Months Days If less than one day hrs	Immediate cause of death DURATION		
9. Birthplace	burn Sof entire body		
11. Industry or business Farmer	Due fo		
Charles Edelen 12. Name	Diher conditions		
14. Maiden name Ellen Chesley 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major fieldings of operations		
John H. Chesley Address Aquasco, Maryland	Autopsy results		
17 (Burial, cremation, or removal, Which?) Putes (month) (day) (year) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location	Msans of Injury Occupant of house athat burned		
Address Wallay sul	Deputy Medical Examiner		
19	Forestville, Md. Date signed.		

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (836)

CERTIFICATE OF DEATH



Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County James Design	0.01
City or town. (1) Outside city or town limits write RU jews rive nearest town)	State County County The Total County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4 434 St Barnsbar Rd 5 2.
none	Washing (French, give 20010)
How long in hospital or institution?	2.(a) Il veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Tilly & Clefton	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Them relate married	2D. DATE DF DEATH MARCH 19 MAR
2014 9 (00.00	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
B.(b) Name of husband or wife	Mark La 29 19 77, 10 4 20 La T. 7 19 4.7.
	and that I last saw h enables on Manager and Table 19.
7. Birth date of deceased (mo., day, yr.) March 10th 1885	
8. AGE: Years Months Days Il less than one day	Immediate cause of death
62hrsmin.	Cerebral Themarchagh
Virginia	will varalyun left Eller bothy) Lange
9. Birthplace (Town, county, and state)	Oue to general arthreto Ten
1D. Usual occupation Housewife	Jack and the transfer of the state of the st
· ·	Due to
11. Industry or business	
E 12. Name. William H. Moore	Other conditions
¥ 13. Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Maiden name Unknown	
14. Malden name. Unknown 15. Birthplace	Major findings of operations.
	Oate of op
16. Informant William E. Clifton	Autopsy results
Address 4434-St. Barnabas Rd.,	
Washing ton-20-D.C. Date thereol. March 30-1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Barrelow Cemetery	Where did injury occur?
Location Oxon Hill ms.	Injured at home, farm, industry, public place (where?)
	Means of Injury tnjured al work?
18. Funeral director Those I munay Funeral Home	~ ~ ~
Address 2007 - Michaels and S.E.	23 SIGNATURE Facel O Van Yallos
Ten at 27 Washington Colo. Col 9 1/2 1	5 440 Silves Well Kont. D. crother
(Date ree'd by registrar)	Address. Date signed Lag. L. D.
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03065

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CLIKITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Ses 5. Color or race 8.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 2B. DATE OF DEATH 2B. DATE OF DEATH 2B. DATE OF DEATH
8.(6) Rame of busband or wife. A character Cale 6.(c) If all progress age years 7. Birth date of deceased (mo., day, yr.) 20 4 1883.	21. I CERTIFY that both occurred on the date above stated; that I attended declared from 19
8. AGE: Years Mooths Bays If less than one day	Due to alleropteens
10. Usoal occupation. Attuation of the second occupation. 11. Industry or bosiness 12. Name. Lawley & Baster	Bue to
13. Birthplace 14. Maiden name Clara Korn 15. Birthplace 2. Mass	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Swall Du Cana Cala Address 4 Rome Cincle 17. Survival (Burkel, cremation, or removal Which?) Bate thereol Man 10. 1947 (month) (day) (year)	Autopsy results
Commetery or crematory Ford Suntaling Location Bludensburg 2nd	Where did injury occur?
18. Funeral director Accus at a constant of the Address 48/2 La Gree De OC 19. 3/17 (Date rec'pl by registrar) Registrar	23. SHONATURE TOURS M. D. or other Aduces 855 186, Cell Bale signed 774

In Jane 7. Burns 105 8 1947

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-0

CERTIFICATE OF DEATH

(13066 Reg. Dist. No. 23/

County Prince George's City or town Cheverly	(For newborn infants give residence of mother) Maryland State County Count		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town Cheverly (If outside city or town limits, write RURAL and give nearest town) 2703 Lake Ave. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Eugene C. Colgan			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH March 16 19 47 at 3:30P		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
7. Birth date of deceased (mo., day, yr.) July 7, 1900	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Acute congestive heart failure		
9. Birthplace	Due to. Cardiovascular renal disease		
12. Name Christopher Colgan 13. Birthplace Ohio.	Dither conditions		
14. Malden name Bridgett O'Mara 15. Birthplace Ireland	(Include pregnancy within 3 months of death) Majur fiudiags of operations		
16. Informant Margaret M. Colgan	Autopsy results		
Address 2703 Lake Ave., Cheterky, Md. 17. / Sans Sortalion Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory A - March	Where did injury occur?		
18. Funeral director Sanchis Sons Address Son attained modifications	Means of Injury Megenty mederal famous		
19. 3/17 (hranda Deenes (Date registrar)	23. SIGNATURE D. D. or other Address Decelully U.S. Bate sign 3. 1. 7. 4. 7.		

MAR 19 1947

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: _(For newborp infants give residence of mothe How long in above place of death? Hospital, Institution, or street address where death occur (If rural, give LOCATION) How long in hospital or institution?... informatic of death o 3. (a) FULL NAME 3, (b) Social Security Number MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. 21 I CERTIFY that death occurred on the date above stated: that I attended deceased from FOR deceased (mo., day, yr.) Supply lease wr It less than one day 8. AGE: Tears RESERVED important. (Include pregnancy within 8 months of death) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the following: PLAI Accident, suicide, or homicide..... Whers did injury occur?(City or town) WRITE Injured at home, tarm, industry, public place (where?) Injured at work? Msans of thiury SE

(State)

(County)

S

Coroner notified. Will approve



Date signed 3 - 13 m.Y

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

The correct age

. · CERTIFICAT	E OF DEATH Reg. Dist. No. 242
1. PLASE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	3.(b) Social Security Number
Charles Ferdinan	d Copo
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced while Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH. 13 19 47, 21 5 31
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the state above stated; that I attended deceased from
7. Birth date of 1919 1919 1919 1919 1919 1919 1919 1	and that I last sew halive as
8. AGE: Years Months Days if less than one day 3 24	Immediate course of death On on the Collection Due to Collection Due to Collection Due to Collection
11. Industry or business 12. Name	Sther conditions
15. Birthplace Washington DE 16. Informant Day Stolla Spains Address 7 1 1 0 KM WS Wash DE	Major fieldings of operations
17. (Buriat, cremation, or removal Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral disorder 11. Chambes Co. Address 5/7 / P. St. S.	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work? Injured at work?
19. march 15 19 47 Carrie 7. Campfell (Date ree'd by registrar)	Address Date signed 3 - 13 mg

MAR 17 1947 BUREAUSE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

	03069
Reg. Diat.	242 No. 242

CERTIFICATE OF DEATH

PLACE OF DEATH: County Prince George's				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Prince George's		
City or town		County TITICE GOODS City or town ROSATYVILE (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurel, give LOCATION)				
How long in hospital o	or institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		Corn	elia Crane		3. (b) Social Secur	ity Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH March	15 47	4 8:00P
6.(b) Name of husband or wife Charles Crane 6.(c) If alive, give age years		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19				
deceased (mo., day,	yr.) June	16.	1856	Immediate cause of death		
8. AGE: Year 90		Days	If less than one day	Congestive hea	art failure	
	None		state)	Due to		
12. Name	Stephen		er nia	Dther conditions		
	Mary A			(Include pregnancy within		
15. Birthplace	Pennsy	rlvan	ia	major manage or operation		
16. Informant Lt. Col. John S. Crane		Autopsy results				
Address	losaryvill	e, M	Q.•	22. VIOLENCE: 11 death was due to external	causes, fill in the following:	
17	n, or removal, Which?)	Date the	(month) (day) (fear)	Accident, suicide, or homicide		
Cemetery or cremat	d blean	h.D	6.3/15/47	Where did injury occur?(City or town	n) (County)	(State)
Location	7 5 6	7 +	-00	Injured at home, farm, industry, public place Msans of injury	(where?)	
18. Funeral director	1. [2011	+ 1 1		, 0	٨
Address / 72	2- Mort	In Co	Swash DE	23. SIGNATURE	11. 1 00	Daroher
19. (Date rec'd by r	19 egistrar)	72	Registrat	Address Trester	Co My Date sig	15-47

MAR 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	0	30	71			
Reg.	Dist.	No.,	2	4	6	

1. PLACE OF DEATH: County Trince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyo infants give residence of mother)		
	State		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	M. L. C.		
Leland Memorial Dispulal	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Conningham, mrs. Mall 19	SHRIVER) None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Hemale White widowed	20. DATE DE DEATH. Warch 3 19 4.7 at 8 P. M		
6.(6) Name of husband or wife. Le Roy Cunningham	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	716 25 1947 10 march 3 1947		
7. Birth date of deceased (mo., day, yr.) Nov. 24 1881	and that I last saw h.low alive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
65 3 9hrsmin.	La Maria Paris		
	Date to the state of the state		
9. Birthplace Martinsburg W. Va. (Town, county, and state)	Due to		
10. Usual occupationMatron	Due to.		
11. Industry or business Dist. of Columbia Training School			
# 12. Name Peter J. Shriver	Other conditions My curaine many 3 ms		
12. Name Peter J. Shriver			
14. Maiden name Susan Jane Spring	(Include pregnancy within 3 months of death)		
14. Maiden name Susan Jane Spring	Major findings of operations.		
	Date of op.		
16. InformantMr. Roy S. Cunningham	Autopsy results		
Address 1624 N. Calvert St.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	Accident, suicide, or homicide		
cemetery mysemator Loudon Park Cometery	Where did injury occur?		
· · · · · · · · · · · · · · · · · · ·	(City or town) (County) (State)		
Location Baltimore, Md.	Means of Injury Injured 2t work?		
18. Funeral director			
Address North & Pa Aves. Balto. 17, Md.	10 SIGNATURE D'B' KANTON		
much 6 47 P IV. Sedreck	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed 3-4-4-1		

2411 N. Charles St., Baltimore 13100

CERTIFICATE OF DEATH

0.100

1. PLACE OF DEATH: HORS 40	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Cast Hata, Man	State Maryland Coupty Prince Seorge
(if outside city or towo limits, write RURAL and uive nearest town)	City or town (If outside city or town ignits, worth RURAL and give nearest town)
How long in above place of death?	879 590 Die
829-59 m ft	Street No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war Nove
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE WILLIAM CUR	TIN
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while married	20, DATE OF DEATH, March 3, 5 19 47, 21 3 - 12 M
8.(b) Name of husband or wife. Fletal E. Custin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Dec. 298 1879	and that I last saw h
8. AGE: Years Months Days If tess than one day	aciti Congostine
67 2, 26hrsmin.	Leat Lat Youlun
9. Birthplace Washington, at.	Due to Carlo callo real
Prowp. sounty, and state)	disessi
1D. Usual occupation	Due to
11. Industry or business	
12. Name Marion Finalling 13. Birlhplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name ay T. Cohlus 15. Birlhplace Maryland	Major fiodiogs of operations.
15. Birlhplace	
16. Information 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Actopsy results
Address 7 39 - arc. Capp. Ages, Mills	22. VIOLENCE: It death was due to externat causes, fill in the tollowing;
(Burial, cremation, or removal, Whispir) (Burial, cremation, or removal, Whispir)	Accident, suicide, or homicide
Cemelery or cremplory Cedar, Will	Where dld Injury occur?
Location Shrittand, Ind!	Injured at home, farm, Industry, public place (where?)
115 11 Phompher Plan	Meens of Injury Injured at work?
Address 5/7	leput had got figure
Audress O C C C C C C C C C C C C C C C C C C	23. SIGNATURE. M. D. Grotter
19, March 25, 1947 (Date rec'd by registrar) Rigistrar	Address Ades lulloung Date signed 3 - 2 1 - 47

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WENTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS A15

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THE PROPERTY SEED esp 28 1947 3 177.42 (8) 2411 N. Charles St., Baltimore 1000.

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CERTIFICATE OF DEATH

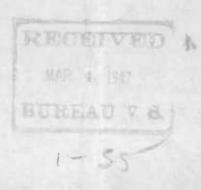
Reg. Dist. No. 231

1. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Viriance George	(For newborn infants give residence of mother)
ille actions Chemen Th	State County County
(If outside city or town imits, write RURAL and give nearest town)	City or town Sadeusters
long in above place of death?	(If outside city or town limits, write RURAC and give nearest town)
spital, Institution, or street address where death occurred	bet sireet No. 4907 Lunca, Theet
Truco georges men pay	(If rural, give LOCATION)
w long In hospital or institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Henry a. Wal	ey .
6. Sex 5. Color or race 6. () Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White theoly	Janah 1 17 12
	20. DATE OF DEATH 19. T
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Transport of the second of the	
I. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Wiguel d 17 1/	Immediate cause of death
AGE: Years Months Days It less than one day	Hemonhar
19hrs.	
1300 dender a hind	The office of shall
3. Birthplace(Town, founty, and state)	Due to.
mech former,	
D. Usual occupation	Due to
11. Industry or business	
12. Name Williams Solley	Other conditions
13. Birthplace washington	
El Jason Newson	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiediogs of operations
E 15. Birthplace washington	Date of op.
16, Informant William Colley	Aotopsy results.
11802 J St. A (18 Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 490 - Juney Market	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Swrial Date there march 4. 199	Accident, suicide, or homieid Condent Date of 2- 28-4
(Burial, eremetion, or removal, Which?) (day) (year)	(130.1.1.6.6.6.
Cemetery or crematory	Where did injury occur? (City or town) (County) (Sante)
washington Il.C.	Injured at home, farm, industry, public place (where leterie regular
Location	Means of miles destrion struck milered aleas
18. Funeral director L. Clasche et me	means or representations and the second
Address Hyattaville ma,	Meputy medical transp
AUDIESS	23. SIGNATURE
10 J/2 1947 Umanda Doune	7 1000 1000 1000 1000 30100
(Date rec'd by registrar) Regi	trar Address Date signed

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VS A15



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2. USUAL RESIDENCE (HOME) OF DECEASED:

13072

CERTIFICATE OF DEATH

Reg. Dist. No.....

County Prince George	(For newborn infants give residence of mother) New York Green
Riverdale City or town	Teeds
How long in above place of death?	City or town
Hospital institution, or street address where death occurred: Leland Memorial Hospital	Street No. Church Road
***************************************	(If rural, give LOCATION)
How long In hospital or institution? 3 Days	2.(a) It veleran, name war
3. (a) FULL NAME WILLIAM CROPSY DE NYSH	3. (b) Social Security Number 054-16-1935
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. OATE OF DEATH March 28 19 47 at 5 P.
6.(6) Name of husband or wife Margaret H. De Nyse	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of Than 23 1884	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Daye If less than one day	Hensulage
62 9 5hrsmln.	and shock
Staten Island, New York	Due to Cruicle of Charles
9. Birthplace (Town, eounty, and state) Watchman,	Sub ore olivoed hereda
	Due to
11. Industry or business that Hall Hotel Fla.	
William C. De Nyse 12. Name New York	Other conditions
	(include pregnancy within 3 months of death)
Frances Evans 14. Maiden name. New York New York	
New York	Major findings of operations. Date of op.
Charles Reilly	Autopsy results given always
Address 61 Cottage Street, Jersey City,	PHYSICIAN: Please underline the cause in which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following:
17 March 29, 1947 (Burial, cremation, or removal, Which?) Date thereof Burial (month) (day) (year)	Accident, suicide, or homicide. Ceculist Date of 5-26-4/
Holy Cross Cemetery	Where did injury occur? Manager (City or town) (County) (State)
North Arlington, New Jersey	Injured at home, farm, industry, public place (where?)
W.W. Chambers Company	Meane of infollows of Cours Californion with two
18. Funeral director	That to the de and Elegeneral
Address 5801 Cleveland Ave., Riverdale,	
200 19 11 M PM Day 1000	23, SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Thestory Date signed - 204

MAR 31 1947 BUREAU 1 3

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2411 N. Charles St., Baltimore

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ly every item of information carefully write the causes of death clearly and

Physicians:

RESERVED FOR BINDING

MARGIN

CERTIFICATE OF DEATH

 USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number 2D. DATE OF DEATH ...

Lemo	ale l	white	1110	wild	
6.(b) Name of I	husband or w	iseB.	rma	rd Dow	<i>_</i>
7. Birth date of deceased (m	o., day, yr.)	Ma		c) If allve, give age	********
8. AGE:	Tears	Months /	Days	If less than one day	************
9. Birthplace.			county, and		
1D. Usual occu	business	Huse			
13. Birtho	lace M	lterte			********
14. Maide 15. Birthp	n name	Harys	eny	sureet	
				Zecords	
Address 7	Laur	el Sas	1. La	red Mar 14	y la
(Burlal, ex		removal. Which	Date the	(month) (da	y) (year

Prence to

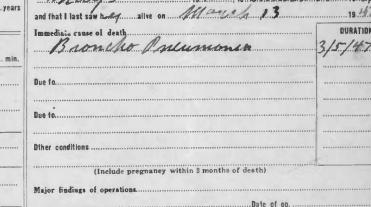
Hospital, institution, or street address where death occurred

3. (a) FULL NAME

18. Funeral director

How long in hospital or institution? 3 185.; 16 M; 8 D

limits, write RURAL and give nearest town)



PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work?

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide,..... Where did Injury occur?(City or town)

Msens of Injury

23. SIGNATURE.

Injured al home, farm, industry, public place (where?)

PLAINLY WRITE PLEASE MARGIN RESERVED FOR BINDING 9-45-15M

A15 SA

CERTIFICAT	E OF DEATH Reg. Diat. No. 2420
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH March 29 19 47, 21 5 24
8.(b) Name of hueband or wife. CHARLES L. FLYNN 6.(c) If alive, give age. 49 7. Birth date of deceased (mo., day, yr.) DEC - 30 - 1906 8. AGE: Yeare Months Days If less than one day hrs. min.	21. I CERTIFY that doath occurred on the dale above stated; that I attended deceased from 19. 7. to
9. Birthplace CHARLESTON, S.C. (Town, county, and state) 16. Usual occupation. HOUSE WIFE 11. Industry or business AT HOME 12. Hame. LUD WICK HOPP MANN	Due to
13. Birthplace CHARLESTON. S.C. 14. Malden name LEONA DICIYENS 15. Birthplace SPARTA, GA. 18. Informant CHARLES LFLYNN	Other conditions
Address 5 3 1 - 2 we 5 T Q OKALS HILL 17 Bunal (Burial, cremation, or removal, Which?) Cemelery or remainly with the company was a company was a company with the company was a company was a company with the company was a company wa	22. YIOLENCE: Il death was due to external causes, Illi in the following; Accident, suicide, or homicide
19. Carrie F. Carrie F. Camphell Registrar	Addrese Caputol Maylib, M. D. Dato signed 2/129/47



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03076

CERTIFICATE OF DEATH

	Reg. Dist. No. Wayan and and
1. PLACE OF DEATH: County Prince George's City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland CountPrince George's
(If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Transient	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4717 Homer Ave
Near Jenkins Corner	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Edward Fowler	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH March 5 18 47 at 4:30Pm
Frales Control o Bowley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Evelyn Gertrude Fowler	21.1 CENTIFY that Beath occurred on the Bate above states, that I attended account to the state of the state
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) November 1911	Immediate cause of death
8. AGE: Years Months Days If less than one day	Asphyxia
35hrsmin,	
9. Birthplace Camp Springs Md. (Town, county, and attate)	Due ta Acute carbon monoxide poisoning
10. Usual occupation. Cab Driver	Due to
11. Industry or business Taxicab	
Thomas F. Fowler 12. Name. Maryland	Other conditions
14. Maiden name Sarah E. Pyles	
Konyl and	Major findings of operations.
	Date of op.
18. Informant Jaes E. Fowler	Autopsy results
Address 1115 59th Ave., Hillside, Md.	22. VIOLENCE: if death was due to external causes, fill in the tollowing;
Burial Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?) Bate thereof	Accident, suicide, or homicide Suicide Date of 3/5/47
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur? Jenkins Corner P. G. Md. (State)
	(City or town) (County) (State)
Location Suitland, Md.	Injured at home, farm, industry, public place (where?) In a woods Piped exhaust into closedworder.
18. Funeral director Thomas I Murray Funnal Home	
Address 2007- nacholo are SE	Deputy Medical Examiner
1 100	23. SIGNATURE OMES M. Docuber
19. (Date rec'd by registrar) Registrar Registrar	Address Anestribaid Bate signed 3 _ 7 . 4 7
(Date Fee a by registrar)	
11 Section 1	

A LOUTCHE SERVE Committee Committee Committee THE LOCAL CHEST STREET the base of service and a rest FOR THE SAME STREET, BY ASSESSED VALUE OF THE THE PERSON OF THE PERSON O ANGELICA TOP ARES REDICTVES to the same of the same of 展記 8 1947年 51 DURSHUR DASHER OF THE AUT TO BILL San Drine 2 - 2340 - 1-10

/		On for Boyd los been MARYLAND STATE DE	PARTMENT OF HEALTH	, pay pay
	The	The copy of	les St., Baltimore 🕼	166
X		CERTIFICAT	E OF DEATH Reg. Dist. No	2240
	be supplied.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	e su	County Chinton Production Robot	State Poly County Poly	eadle
	dy.	City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town Clevers - Proster	Wan No. Rd
	reful		(If outside city or town limits, write RURAL NEAR and	give town)
	d le	Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
	oulc y an	Stay in this community (yrs., or mos., or days)	2(a) IF YETERAN, NAME WAR	
	of information should carefully. ses of death clearly and legibly.	Mary Flisheth Ga	Clara 3.(b) Social Secu	rity Number
rk	natiath	4. Sex 5. Color or race (8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
N	f de	2 married	20. DATE OF DEATH Mark 10	47 all 45 Am
FOR BINDING	of in	8 (b) Name of husband or wife John Jallahan	21. I CERTIFY that death occurred on the date above stated; that I attended	
E E	em	7. Birth date of	and that I last saw here alive on Tell 4	10 47
FOF	y it	deceased (mo., day, yr.) Dec 24 /8/D	Immediate cause of death	DURATION
	Every item of i	71 2 14	Symmonds Duros	441.
RVJ	41	Chinten Par Mc M D	27 7 0 0	
MARGIN RESERVED	INK.	9. Birthplace (Town, county, and state)	Due to	7.
<u> </u>	UNFADING Physicians:	10. Usual occupation	Due to	
GIN	DIN	11. Industry or business		
AR	TFA Phy	12. Name albert 4. Jan Birthplace Pr Seo, mo	Other conditions Lacher	
X	E. E		(Include pregnancy within 3 months of death)	DIVICIONAL DIVICIONALI DIVICI
	rtan	14. Malden name Miss Margie Murrion	Major findings: Of operations J	PHYSICIAN Please underline
1	W	16. Informant John Gallahan	("110")	the cause to which death should be
	PLAINLY, WITH tespecially important.	Address Clinton mo	Of autopsy	charged statisti- cally.
	AIN	23 10 10 10	22. VIOLENCE: If death was due to external causes, fill in the following:	
	PL esp	(Burial, cremation, or remove). Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
	ge is	Cemetery or crematory	Where dld Injury occur? (City or town) (County)	(State)
	PLEASE WRITE correct age is	Location	Injured at home, farm, industry, public place (where?)	
(=	SE	18. Funeral director	Means of Injury Injured at work?	
A16	EAS	Address M wedge 1000	23. SIGNATURE LU LeRevarta	20
48	PL	19	1225 Topond Mella	I. D. or other
		Trek.strat	Address / Lato s	igned



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 194

CERTIFICATE OF DEATH

2 HOUAL DECIDENCE (LIOME) OF DECEASED

County Prince Georges				(For newborn infants give residence of mother)		
City or town				State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1313 Stevenson Road, S. E. (If rural, give LOCATION)		
			rium			
How long In hospital or institution?				. 2.(a) If veteran, name war.		
3. (a) FULL NAM	CH	ARLE	S GARTREL	3. (b) Social Security Number 352-03-7913		
4. Sex	5. Color or race	9.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Di	vorced	20. DATE OF DEATH Wesch 17 19 47 at 12:30 P.		
	25 00	6.(c	?) If alive, give ageyears	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from 19.47 10. 17. 19.47 and that I last saw h. 19.47 Immediate cause of death DURATION		
8. AGE: Yea	rs Months	Days	If less than one day	Pulurary Tubereloris 3 who		
41 4:	1 9	19	hrs,mln.			
9. Birthplace Washington, Georgia (Town, county, and atate) 10. Usual occupation Laborer 11. industry or business Rosslyn Steel Company 12. Name Lucia Gantreller				Due to		
12. Name	Washingto					
14. Maiden name Pearl Sutton Washington, Georgia				(Include pregnancy within 8 months of death) Major findings of operations		
16, Informant Deceased				Autopsy results PHYSICIAN: Please voderline the cause to which death should be charged statistically.		
(Burial, cremation Cemetery or crema Location	Was		illiams	A CONTRACTOR OF THE CONTRACTOR		
19. Mar 17, 1947 Towlands Philips (Date rec'd by registrar) Registrar				23. SIGNATURE MAD. Date Signed 3/17/47		

MAR 25 1947
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2-25

MARYLAND STA	ALE DE	PAKIMENI	Ur	HEALIF
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2411 N. Charles St., Baltimore (70-0)

CERTIFICATE OF DEATH

Reg. Diat. No.			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 9.57.5. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above etaled: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days it less than one day t 9 hrs. min. 9. Birthplace Saltiniane, (Town, county, and state) 10. Usual occupation Saragel Attendant 11. Industry or businese 12. Name Robert 3, Seisage	and that I last saw h		
12. Name Dert S, lisg 13. Birthplace Baltimore, Sund 14. Maiden name Somie Helder 15. Birthplace 16. Intermant Aonie Rephart mother Addrese A TH-R. D. Dre Berwyn, sud	(Include pregnancy within's months of defch)/ Major findings of operations		
17. (Burial, cremation, or removal Which?) Cemetery or orematory Location	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, eulcide, or homicide		
18. Funeral director. Address Riverdale, w.d. 19. Mar alv 19. H M Mar as Deverly (Date rec'd by registrar)	Addrees. Tolesturily upate signed. 5 . 4		

17.18 1947 B. H. A. T. T. B.

2-2450 -1-10

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

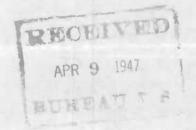
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

(13(15)) 4 3 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Worklune
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rose Farmie gar	Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Family 1.00 harris	1 2 0 20 6
Tempe wand towned	20. DATE DE DEATH Warsh 29 1947 21 920 A
6.(b) Name of husband or wife Lerman Gordon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 27 1947, 10 marshey 1947.
7. Birth date of	and that I last saw help alive on much 27 19 47
deceased (mo., day, yr.) Jan 5 1888	
8. AGE: Years Months Days If less Ihan one day	
59 2 24 hrs. min.	Cerebral thromboses
9. Birthplace (Town, county, and state)	Due to Cardio as culon
I A	disesse
10. Usual occupation. House	Due to
11. Industry or business on House	
12. Name Russia III	Dther conditions
13. Birthplace Cusses	(Include pregnancy within 3 months of death)
E 14. Malden name.	
TOO .	Major findings of operations
15. Birthplace Pussia	Dale of op.
16. Informant Nerman Gardon	Antopsy results.
Address Woodmode had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
700	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
7 . 0 0 7 . 4	
Cemelery or crematory	Where did injury occur?
location Southern cive	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Sal Aurinon + 2115-	
Address 1/24-26 W North ave	Jan 2019 Land
3/1/2000	23. SIGNATURE M. D. of Other
19. 291 1941 Louise Ar Peach	Address Frestalls no Date signed - 79-47



PLEASE WRITE

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



03081

Reg. Dist. No. 243,

1. PLACE OF DEATH: county Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clenn Dole Marving (If outside city of town fimits, write RURAL and give nearest town)	StateDC		
How long in above place of death? 2 months. 2 days.	(If outside city of town fimits, write RURAL and give nearest town)		
Glenn Dale Sanatorium	Street No. 810 - 5th St., N. W. (If rural, give LOCATION)		
How long in hospital or institution?2 months, 2 days	2.(a) If veteran, name war		
3.(a) FULL NAME GRAY, JAMES EDH	(ARD 3. (b) Social Security Number 230-05-61112		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH WARL 24 19 47 21 155		
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47.		
deceased (mo., day, yr.) June 29, 1883	and that I last saw hale alive on 3/24 19.47		
8. AGE: Yeare Months Days It less than one day	Immediair cause of death DURATION DURATION		
63 63 8 25hremin.			
9. Birthplace Fredericksburg Virginia (Town, county, and state)	Due to		
1D. Usual occupation Painter	B. de		
11, Industry or business	Due to		
12. Name Oscar Gray 13. Birthplace Fredericksburg, Virginia	Other conditions		
13. Birthplace Fredericksburg, Virginia	(Include pregnancy within 8 months of death)		
14. Malden name Martha Ellen Shanault Fredericksburg, Virginia	Major findings of operations.		
Trig. Bittiplace	Oate of op		
16. Informant Deceased	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
" Bureal 3/26/47	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide		
Washington County			
Cemetery or crematory	Where did injury occur?		
Location	trijured at home, farm, Industry, public place (where?)		
18. Funeral director	micens of injury injured at work?		
Address 1400 Chapsin H. A. W. Wash D. C.	23. SIGNATURE DANIES LEO FINICANE M.D. or other		
19. (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address & lean Dale Ma Date stoned Mars 24 494		



2-2430-2-10

HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

9-45-15M

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

Reg. Diat. No. 241

town limits, write RURAL and give nearest town)

5805 QUEEN CHAPEL RD	Street No.
How long in hospital or institution?	2.(a) If veleran, name war
3 (a) FULL NAME	- UIDER 3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white wid	20. DATE OF DEATH MAR 6 19. 47, at 9 P.
8.(b) Name of husband or wife. JAMES A GUIDER OCT. 271878 7. Birth date of deceased (mo., day, yr.)	21. CREATIFY that death occurred on the date above stated; that I attended deceased from 19. 4. and that I last saw h Assaulte on
8. AGE: Years Months Days I fless than one day 68 4 21	Erronary heart during 3 months
9. Dirthplace	Due to
12. Name FLORENCE MEAULIFFE 13. Birthplace Selend. 14. Malden name MARY CURTIN	Other conditions
16. informant RECORDS ATI HOME. Address NI ATT 8VI NE Mb.	Antopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or hemicide
Location Suparations Sans	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 1786 Penne au. 7 W D.C.	23. SISNATURE M.D. or other Address. 355 HOYNE Bate signed 37 1.4.7.
(Date rec'd hy registrar)	Address Date signed Date signed

MAR 8 1947 BURLAU V

2-12450 -1-10

PLEASE WRITE

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1. PLACE OF DEATHS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932



2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

County Cro Leo	(For newbory infants give residence of mother)
City or town. Revertale that	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital. Institution, or street address where death occurred:	City or town. (If outside city or town lightly write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death occurred:	6320 Ballmose Cora -
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
Cotes Craque.	Harper 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widgwed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH max 2.1, 1947, 21/a
6.(b) Name of husband or wife Bertie Thouser:-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	3-20-42 to 3-2/ 1942
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
77min.	Coronay orlasso Illey
washington I.C.	
9 Rirthniace	Due to Ortanscherokethand 10 yrs
Eran peralor	distant
10. Usual occupation.	Due to
11. Industry or business	
12. Name washington II.C.	Other conditions
13. Birthplace washington II.C.	(Include pregnancy within 3 months of death)
E unknown	(Include pregnancy within 3 months of death)
14. Maiden name unknown 15. Birthplace unknown	Major findings of operations.
≥ 15. Birthplace	- Date of op.
16. Informant Berlie Trasper	Autopsy results
Address Rivardale md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal mar 1,1947	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Le maine Funeral Home	Where did injury occur?
alexandria va	
Location	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Sasote some	Means of Injury Injured at work?
Address Agattsville md.	Dal P.Ca.
1 20 CT 0101 W 5	23. SIGNATURE M. D. or other
19 March & 10 HT mrs Jaspellines	Anallsulle 2 nate signed - 21-47



2-2450 -1-10

PLEASE WRITE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Separated	20. DATE OF DEATH. MARCH 4 19 47 21 5:45
6.(6) Name of husband or wife Joseph Hursey	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DEC. 29 19.4.7 and that I last saw h La alive on March 4 194.7
8. AGE: Years Months Days If less than one day	PULMONARY TUBERCULOSIS 2403
56 56 10 12hrsmin.	
B. Birthplace. Wilson, North Carolina (Town, county, and state) 1D. Usual occupation. Housewife	Due to
11. industry or business 12. Name Thomas DuPree 13. Birthplace Edgecomb, North Carolina	Other conditions
14. Maiden name Ida Bryons	
14. Malden name Ida Bryons 15. Birthplace Edgecomb, North Carolina	Major fiediogs of operations
16. InformantDeceased	Autopsy results
17. News J. S. 1947. (Burial, cremation, or removal, Which?) Date thereof. Mary (5 1947. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Whers did Injury occur?
Location to wash. De	Injured at home, tarm, industry, public place (where?)
18. Funeral director Malvan & Schey Ang (W. E. A)	Means of Injury tnjured at work?
Address 4 24 R. St. M. W.	23 SIGNATURE & aniel Leo Finneaue mo.
19 Mar 4, 1947 Youland & Plubps	A lenn Dalo Md. M. D. or other



2-2430-2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

Reg. Dist. No.

State	Fince Teorge
112 - 2 - 4	ite RURAL and give nearest town)
Street No. 72/25 Dulland (If rural, give LOC	CATION Washington 22
2.(a) If veteran, name war	701-20
/ -	3. (b) Social Security Number
	noul
MEDICAL CER	TIFICATION
20, DATE OF DEATH March 1	5 1947 127
21. I CERTIFY that death occurred on the date above st	ated; that I attended deceased from
march 5 10 4	7 10 March 15 1847
and that I last saw h As ative on and	19X
Immediais cause of death acute re	L / //
Descriplination	5 6 des
Due to Sunder Force	lus Eucling
Due to	
2	
Diher conditions.	
(Include pregnency within 3 mont	ha of deeth)
Majer findings of operations.	
	Date of op
Autepsy results	death should be charged statistically.
22. VIOLENCE: tf death was due to external causes,	fill in the following: Zune
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
tnjured af home, farm, industry, public place (where?)
Msans of injury	Injured at work?
= 10 - 0-/	71- 110

MAR 20 1947

2-2420 -1-10

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	X			2	16	7	
	Reg.	Dist.	No.	0	1	J	

03086

CERTIFICATE OF DEATH										
	w	CONTR	7 4	20.30	OH	COLUMN TO SERVICE SERV	0	1 2 7 2 1	DOM	OF
	-1	W N	4 A			14	Ι Δ	H	$\mathbf{R} \cdot \mathbf{I} \cdot \mathbf{I}$	(H

County. Prince Georges City or town Glenn Dale Maryland. City or town limits, write RURAL and give nearest town) How long in above place of death? 6 Mos., 8 days. Hospital, institution, or street address where death occurred: Clenn Dale Sanatorium How long in hospital or institution? 6 Mos., 8 days.	(For newborn infants give residence of mother) State
2 (a) FILL NAME	2 (h) 5 - 1 1 5 - 1 N - 1 -
MABELLE ALFREDA	JOHNSON SOCIAL SECURITY NUMBER
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	20. DATE OF DEATH MARCH 5 1947 37:25 A M
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from P. C. 19. D., to MARCH 19.4.7. and that I last saw h
8. AGE: Years Months Days If less than one day	PULM DNARY TUBERCULOSIS DURATION
18 18 6 10hrsmin.	
9. Birthptace Aiken, South Carolina (Town, county, and state) 10. Usual occupation	Due to
	(Include pregnancy within 3 months of death)
14. Malden name. Not Known 15. Birthplace Aiken, South Carolina	Major findings of operations
16. Informant Deceased	Actopsy results
Address 17. (Burial, cremation, or removal: Which?) Cemetery or crematory Location Location Decade Decad	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Wards July Wash W. Address 432- Yould Wash W. Wash W. 19. Mark 5. Philips (Date ree'd by registrar) 19. Mark 5. Registrar	23. SIGNATURE Daniel Leo Finiscane M. D. or other Address & lenn Dale Md, Date signed 3.5.47



2-2430 --- 2-10

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03087

3.13.47

CB

Reg. Dist. No. 2 43 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	Slate D. C. County	
(If outside city or town limits, welto RURAL and give nearest town)		
How long in above place of death?	City or town Washington (If outside city or town limits, write RURAL and give nearest	town)
	Street No. 1326 6th St., N. W.	
Glenn Dale Sanatorium	(If rural, give LOCATION)	
How long in hospital or instillution? 2 mos., 23 days	2.(a) If veleran, name war	•••••
3. (a) FULL NAME	3. (b) Social Security Num	ber
VALASKA JOHNSON		
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	10
Female Colored Divorced	2D. DATE OF DEATH MARCH 13 19 47 at	7'A
6.(b) Name of husband or wifeEdward Johnson	21. I CERTIFY that death occurred on the date above, slated: that I attended deceased	from 2 4
7. Birth date of	DEC. 19 1946 10 MARCH 1	2 47
7. Birth date of deceased (mo., day, yr.) March 16. 1918	and that I last saw h. E.R. alive on	.219.7./
8. AGE: Years Months Days If less than one day	PULMONARY TUBER CULOSIS 3	DURATION
28 28 11 27hrsmin.	7 0517 017 11 12 13 13 13	ø.
9. Birthplace Rocky Mountain North Carolina	Due to	

10. Usual occupation	Due to	
11. industry or business Hunitions Building		
12. Name Roy. M. D. M. Graham 13. Birtholace Raleigh, North Carolina	Other conditions.	
13. Birthplace Raleigh, North Carolina	(Include pregnancy within 3 months of death)	750
14. Malden name Sarah J. Burn	,	
15 Rightslees Unknown	Major findings of operations	
The british of the second of t	Date of op	
16. Informant Deceased	Actopsy results	
Address		sticany.
12 tremiseral - Pais therent Mars 13.1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Whieh?) Date thereof (month) (day) (y ar)	Accident, suicide, or homicide	
Comelery or crematory	Where did injury occur?	ate)
to letterile. DC	Injured at home, farm, Industry, public place (where?)	
The second second	Msans of Injury Injured at work?	
18. Funeral director	(I) · · · · · · · · ·	
Address 389-19 aut zu	Land Continue	ms
Mar 13 47 Ray Sand & Priling	23. SIGNATURE M. D. or ot	her
19. (Date rec'd by registrar) Registrar	Address St Lenn XIala Ma Date signed	. 13.4

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MAR 25 1947

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2-2430 - 2-10

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (No)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Thus. fr. Hes.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infar)s give residence of mother)
Catterie Peter	State Count 50. 9eo. Co
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town lingus, write killing and give nearest town)
Hospital, institution, or streef address where death occurred:	Street N3703-43 - and Cottage City ry
H Large In benefited as institution?	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.
arthur Miner Kenda	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In married	20. DATE OF DEATH 3 - 8 18 49 at 7.0 m
6.(b) Name of husband or wife Mustille Keulall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dec 10 1946, to 3 - 8 194/
7. Birth date of deceased (mo., day, yr.) May 8 - 1888	and that I last saw h. And alive on
8. AGE: Years Months Days If less than one day	Immediate course of death Occlusion > 7/47
380min.	
9. Birthplace (Town, county, and state)	Due to Ayer fer mue flee
10. Usual occupation Alexander D	+ Taffing dielack.
11. Industry or business Service Vainet & Paker 6.	Due to.
E 12. Name Jashun Keul dall	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Unice Mag 15. Birthplace 15. Birthplace 16. Maiden name Unice 17. Maiden name Unice 18. Maiden name Unice 19. Maiden	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace	Date of op.
18. Informant Myrtle Kjeudall	Antopsy results
Address 3 703-43 - Jun College City red	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buigl Date thereof may 11/- 47	22. VIOLENCE: If death was due to external causes, flit in the following;
(Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Kirendall - wil	23. SIGNATURE LAGLE Hagcay
19. 3/10 (Oate rec'd by registrar) 1947 (mande Warner	Address 3)/) - 3 774 Bate signed 3 7 4
(Late rec a by registrar) Registrar	Address Uate signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

03089 Reg. Diat. No. 2310

CERT	IFI	CA	TE	OF	DE	TH
CENT	AR'E	V.A		UI.	ULL	2 1 1 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince George	200 d	200
(If outside city or town limits, write RURAL and give nearest town)	State Co TAge C, 14 M d. City or town (If outside city or town limits, write RURAL and give nearest to	7
How long In above place of dealh? 1575		wn)
Hospital, institution, or street address where death occurred:	Street No. 3704 - 41. A Je	*************
3704 - 41 st Ave	2.(a) If veteran, name war world ware T	
How long in hospital or Institution?	2.(a) If veteran, name war World WAR	
3. (a) FULL NAME	3. (b) Social Security Number	er
4. Sex 5. Color or race 6Ao) Single, married, wildowed, or divorced	KERN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m w Divorced	2D. DATE OF DEATH. morch 2/ 19.2.7 21	7 10 P. W
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased fro	
	Feb. 14, 19.47, 10 March 2/	,19.75
7. Birth date of	and that I last saw h. in alive on march 24,	19.1.2
		OURATION
8. AGE: Years Months Days if less than one day	Pulmonary Tuberculosis 1	y con t
1) as him tow DC		***************
9. Birthplace	Due to	
1D. Usual occupation SAJESMAN		
1D. Usual occupation	Due to	
15. Industry or business		
12. Name Henry P KeRM	Other conditions Myocordavis 2	+ Yeurs

	(Include pregnancy within 3 months of death)	
14. Maiden name CARKINA R. KOONS 15. Birthptace Md.	Major fiudiugs ol operations	
TO SE Birtholms Md		
	Dale of op	0.0.00000000000000000000000000000000000
16. Informant John P Kenn	Autopsy results	
Address Clinton Md.	PHYSICIAN: Please underline the cause to which death should be charged statistic	tally.
	22. VIOLENCE: if death was due to external causes, fill in the following:	
17. (Burlal, cremation, or remov.) Which?)	Accident, suicide, or homicide	
15 - 12 00 1	Where did injury occur?	
Cemetery or crematory		
Location Mr. Sleange Co.	injured at home, farm, industry, public place (where?)	
1 71/1/1/2 Long Sons	Means of injury Injured at work?	
18. Funeral Olifector	0/14/ 0/ 1/ /	
Address 300 - 4-2 M.E.	23 SURVATIONS Retteten Hulbrest	
2/2/1 1/2 // / 1/2/20	EJ. SIGNATURE	
19, Oate rec'y by registrar) (Date rec'y by registrar) Registrar	Address 3000 Dhut Plad nh Date signed Min.	

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MAR 25 1.947

BUREAT

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

B (3(191) Reg. Diat. No. 2431

1. PLACE OF DEATH: Prince Georges		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or town Glenn Dale, Maryland, (If outside city or town limits, write RURAL		State D. C. Count	ly	*******************************
		City or town Washington (If outside eity or town limits,	waite DUDAT and since	***************************************
How long in above place of death?	· · · · · · · · · · · · · · · · · · ·	Street No. 802 - 49th St., 1	V. E.	rest town)
Glenn Dale Sanatorium		(If rural, give L		
How long In hospital or Institution? 4 yrs., 5 mos	., 10 days	2.(a) It veteran, name war		
3. (a) FULL NAME	1/ _		3. (b) Social Security 1	Number
HERMAN		ROUGH	238-18-7077	
4. Sex 5. Color or race 6.(a) Single, marrie	ed, widowed, or divorced	MEDICAL CEI	RTIFICATION	1015.
male colored marr	ied	20. DATE OF DEATH March	2 3 19 87	1633 A
6.(6) Name of husband or wife Luvina Kimbrou	gh	21. I CERTIFY that death occurred on the date above		sed from
7. Birth date of P. 2 00 7070		9/22/11		199/
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1918		and that I last saw h. Comalive on	- / /	19 <i>4.</i> /
	ess than one day	Immediate cause of death		DURATION
29 29 0 5	hrs min,	Palmonary Tabercal	nis	441
9. Birthplace Brodford, Alabama (Town, county, and atate)		Due to.	A	7 ms
	ACTIVITY OF THE PROPERTY OF TH		••••••	3 da
10. Usual occupation Photostating		Due to		
11. Industry or business			***************************************	***************************************
12. Name Robert Kimbrough 13. Birthplace Alabama		Other conditions	••••••••••	***************************************
		(Include pregnancy within 3 mo	onths of death)	
14. Malden name Tempie Donzy 15. Birthplace Alabama		Major findings of operations		202.000.00
			Date of op.	
16. Informant Deceased		Autopsy results		- 4° 4° 99
Address		PHYSICIAN: Please underline the cause to which		tatistically.
17 Camoral Date thereot	3 · 4 · 47 (month) (day) (year)	22. VIOLENCE: If death was due fo external cause Accident, suicide, or homicide		
T lelle of 17	(month) (day) (year)			
Cemetery or crematory		Where did injury occur?(City or town)		(State)
Location	£ 0	Injured at home, farm, Industry, public place (when	tnjured at work?	
18. Funeral director Henry So Washington to		Means of injury	O D.	
Address 467 n St.	n.w.	23. SIGNATURE X Janiel Le	o Finesca	ne MX)
. Mar 3 . 47 Koular	ed S. Philips	ZJ. SIGNATURE.	m.d.	r other
(Date rec'd by registrar)	Registrar	Address Venn Wale	Date signed.	73/4

MAR 13 1947
BURBAU V B
2 - Z S

2-2430 - 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. To it especially important. Physicians: please write the causes of death clearly and legi

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bal

CERTIFICATE OF DEATH



(3091 Reg. Diat. No. 23/0

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State
Lamb, male infant	S. (v) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. 3 - 28 19 17 21 7 7 7 19
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Jatiended disceased from 5 2 2 19 47 to 3/28 19 47 and that I last saw h & 3 3 2 2 - M - 3/28 19 47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 14 hrs. 30 min. 9. Birthplace	Immediair cause of death DURATION Bulateral Hemorrhage of Ledney Due 10.
10. Usual occupation. 11. Industry or business 12. Name. ————————————————————————————————————	Other conditions Palank Ducha Carter
14. Maiden name 7 love size Casely 15. Birthplace 7. 9.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Intermant Sankers Leights Ind. Address Leadur Heights Ind. 17. Burial: (Burial, cremation, or removal. Which?) Date thereof nav. 31, 1947. (month) (day) (year)	Autopsy results
Cometery or crematory Int Olivat Location washington I.C., 18. Funeral director I Jaschs Sons	Whers did injury occur?
Address Stefattsviller 2016 7 19. 3 B1 1847 Umanda Dounay (Date rec'd by registrar) Registrar	23. SIGNATURE John J Malore M. D. or other M. D. or other M. D. or other Signed J-28. 47



1. PLACE OF DEATH:

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8/2/

2. USUAL RESIDENCE (HOME) OF DECEASED:

	-
CR	1115
70	243
Reg. Diat	. No.

03092

CERTIFICATE OF DEATH

County	Prince	e Geor	<u>res</u>	(For newborn intents give residence of mother)		
	Dirromo	dale		State Dis. of Columbia County -		
416 autoids situ on town limits write RURAL and give nearest town)			RURAL and give nearest town)	Gity or town Washington		
How long in above place	of death? O Day	7.5		City or town	L and give nearest town)	
Hospital, Institution, or	street address where to land Memor	death occurre	d:	Street No. 3041 Bladensburg Road,	N.E.	
Lugene Le	Land Memor	Tal H		(If rural, give LOCATION)	. /	
How long in hospital or	Institution?		8 Days	2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b) See	cial Security Number	
	Phillip !	Taylor	Layman		None	
4. Sex	5. Color or race	6.(a)Sing	ie. married, widowed, or divorced	MEDICAL CERTIFICA	ATION	
Male	white		Singel	20. DATE OF DEATH. March 10,	19 1.7 at 12:25P m	
	_			21. I CERTIFY that death occurred on the date above stated; that		
6.(b) Name of husband	or wife			7- 17	mar 10 1947	
*******************************	***************************************	6.	(c) if alive, give ageyears	and that I tast saw h. L. alive on Mar 10	19.47	
7. Birth date of deceased (mo., day, y	Januar	7 18.	1947			
8. AGE: Years		Days	It less than one day	Immediais cause of death ? M.	Uninest 10 day	
	1	20	hrs. min.	for finish finish for the finish	The state of the s	
# ~ Et	everly. Ma	arvlan	ď	Due to.	***************************************	
9. Birthplace	(Town,	county, and	d atate)		***************************************	
to Henri necunation	Mone				***************************************	
				Due to		
11. Industry or business	Tand Mann	- T		Dead-		
12. Name Ro	land Mario	on ray	man	Other conditions flexitomites		
	Hagerstown			(Include pregnancy within 3 months of deat	h)	
14. Maiden name	- Retty Ma	axine	Matson			
E 14. manden name				Major findings of operations		
	Portland				ite of op	
16. Informant	Mospital Re	ecords		Autopsy results	At the standard and the Re	
Address				PHYSICIAN: Please underline the cause to which death shot		
1.	Bunial		3/12/117	22. VIOLENCE: tf death was due to external causes, till in the		
(Burial, cremation,	or removal. Which?)	Date the	reot 3/7/47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremator	гу			Where did injury occur?	ounty) (State)	
To a	unia ta	- NO	md.	injured at home, farm, industry, public place (where?)		
Location		-1	1. 6		ed at work?	
18 Funeral director	ww	TU	eners 6	2	-	
Address	Twin	elie	ll - mid	- W Males	2 200	
heard.	1 117	0-	us Severs	23 SIGNATURE weemsbury Road	M. D. or other	
(Date rec'd by res	1947	Xai	Registrar	Riverdale, Maryland	Date signed	
(Dave see a ply sel		~	C3			

MAR 13 1947
BUREAU V B

2411 N. Charles St., Baltimore /2

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Prince Georges

How long in above place of death? ___ _ month, 17 days

Glenn Dale Sanatorium How long in hospital or institution? one month, 17 days

Hospital, Institution, or street address where death occurred:

2. USUAL RESIDENCE (HOME (For newborn infants give residence	
State D. C. Washington	Couety
(If outside city or town li	mits, write RURAL and give nesrest town)
Street No. 2122 Decatur	Pl., N. W.
	give LOCATION)
2.(a) It veteran, name war	

3. (a)	FULL NAME	

tem of information carefully causes of death clearly and

EDITH LEE

Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

May Date signed Man . 23, 1947

4. Sex	5. Color or raco	6.(a)Single	, married, widowed, or divorced
Female	White	Wi	dowed
6.(6) Name of husband 7. Birth date of deceased (mo., day, y	or wife Bern) if alive, give ageyears
8. AGE: Years		Days	If less than one day
68 68	9	24	hrsmin,
Birthplace Usual occupation thoustry or business	Housewi		na tate)
H 12 Name I	Ben F. Kemp	1	
12. Name	? In	diana	
	Alice Mo		.
	Daughter, 2122 Deca		
17 Remove (Burisl, cremation,	or removal, Which?)	Date there	(month) (day) (year)
Location LOCATION	slungt	, , , , , , , , , , , , , , , , , , ,	D.C.
18. Funeral director	Gelbert 4 Carrol	6. 12	50).]
19. Man (Date rec'd by reg	.23 1947/7	owle	and S. Pleilips Registrar

MEDICAL CERTIF		
20. DATE DF DEATH. 3/23	1947	3 b.
21. I CERTIFY that death occurred on the date above stated;	. About I obtained decease	4.600
2/5 19 42. and that I last saw h	10 3/23	19. 4
and that I last saw halive on	3/23	19.4
Immediate cause of death		DURATION
Immediair cause of death	sis "	7 mu
Due to		******************
Due to		
Diher conditions		
(Include pregnancy within 3 months of	death)	
Major fiediogs of operations		
Actopsy results		tistically.
22. VIOLENCE: If death was due to external causes, fill li	n the following:	
Accident, suicide, or homicide	Date ot	
Where did Injury occur?(City or town)	(County) (State)

Injured at home, tarm, Industry, public place (where?) ...

Means of Injury

PLEASE

MARGIN RESERVED

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		1	20	1	3	0

	rlea St., Baltimore (3)50
CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town/limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3.(a) FULL NAME /Carl Leivo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Well manual	MEDICAL CERTIFICATION 20. DATE OF DEATH WAR 2 1 19.47 21 9 29
8.(b) Namo of husband or wite Telescope Solve Journ 1. Birth date of Telescope Solve Journ 1. Bi	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 10	and that I last saw h
9. Birthplace (Town, county, and state)	Due 10, Cardonascular par l
11. Industry or business Construction 12. Name Austova Level	Due to
E 12. Name Arabova Terro 13. Birthplace Finland 14. Maiden name Multiplace	(Include pregnancy within 3 months of death) Major fiadiags of operations.
16. Informant Carl Rejo Leiro	Aatopsy results
Address 4 1062 Homes Gre Julland & Burial Burial Bate thereon na 25, 1947 (Burial, cremation, or removal Which?) Date thereon na 25, 1947 (Burial, cremation, or removal Which?)	22. VIOLENCE: 11 death was due to external causes, till in the following; Accident, suicide, or homicide
Cemelery or crematory Cedar Trell Location surtland Md.	Where did injury occur?
18. Funeral director & Dascho sons, Address Ny attorille mit:	Means of Injury Newscript needle of Torre
19. Shark 35 1947 James Serry Registrar	23. SIGNATURE M.D. or other Address Date signed 2.2.2.

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Glenn Dale, Maryland, (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 1. Mos., 28 days.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	370 _ 16+h S+ N F
Glenn Dale Sanatorium	Street No. 310 - 16th St., N. E. (If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MILDRED LON	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DE DEATH. Marcel que 19 47 31/200
6.(b) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from Oct 10 45, to Markets 9 19 45.
7. Birth date of deceased (mo., day, yr.) April 8, 1920	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
26 26 11 1hrsmin.	
	Victoria By
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to
1D. Usual occupation Cashier	
	Due to
11. Industry or business	
Jameson Long 12. Name Jameson Long 13. Birthplace Vienna, Virginia	Other conditions
	(Include pregnancy within 3 months of desth)
14. Maiden name Anna Green 15. Birthplace Philadelphia, Pennsylvania	
15. Birthplace Philadelphia, Pennsylvania	Major fiediogs of operations.
Deceased	Date of op,
16. Informant	Actopsy results
Address	
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory	Where dld injury occur?
location Farson - Farsfor Na.	Injured at home, tarm, industry, public place (where?)
115 64.4	Means of Injury Injured at work?
18. Funeral director	(1) .00 M.
Address ally and wal lug ma	23 SIGNATURE & Janel Leo Finucare MA
Mar 9 47 Kowland Milys	M. D. or other
(Date rec'd by registrar)	Address Men Dale MA Date signed 3, 9,47

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MAR 17 1947

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MARGIN RESERVED FOR BINDING

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Evidence for the change age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BFa)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	
(If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3707 - Julien Str
1	
New long in hospital or institution?	. 2.(a) If veteran, name war
Fred O, Me Lelland	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH MADCH 17- 1947 at 6304 M
6.(b) Hame of busheng or wife I January Colonia Tolling Felland	2). I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyear	Library 3, 1947, 10 March 17 1947
7. Birth date of deceased (mo., day, yr.) May 18, 18 86	and that I last saw h
8. AGE: Years Months Days If less than one day	Impagdiate cause of death OURATION
60 161/ Jmig.	Casio va cula revol dison percul month
9. Birthplace Auran Maketa Beald County	Due to Thereby arteris clero is Industri
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Sharks diruglar Me Leland. 13. Birthplace Ravana Chia.	Other conditions
Emma Q Jerres	(Include pregnancy within 8 months of death)
14. Maiden name Emma a Jerry 15. Birthplace Ravera Chief.	Major findings of operations.
An E P +1	- Oate of op
Address 78 9 - A - Street N.E. Wash. D.C.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlal, cremation, or removal, Which?) Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory & Research And Reposed Links	Where did injury occur? (City or town) (County) (State)
Location Lessolis Rd. Wash 10.07	(City or town) (County) (State)
19. Funeral director A me Tallus	Means of Injury Injured at work?
Address 3200 - P. S. Que Mit dainier mid	(with any my
Drack 19 1947 James Severy	23. SIGNATURE M. D. or other

Coroner us tipes and will

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore qua

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Turk Diage	State Mary Land County Prince Okargo
City or fown(If outside city or town limits, write RURAL and give nearest town)	101
How long in above place of death? Thousand	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Mant January Poad
How long in hospital or institution?	(If rural, gife LOCATION)
3. (a) FULL NAME	
Cluse Roymond Marton, Sr.	3. (b) Social Security Number
4. Sex 5. Coor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Hidowed	20. DATE OF DEATH
Katural Brawn Mestan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1 10 1847 10 3 2 0 18 4 7
7. Birth dafe of	and that I last saw hours alive on 3 20 194
deceased (mo., day, yr.) May 18 18 76	Immediate cause of death Colling DURATION
8. AGE: Years Months Days If less than one day	acclustian !!!
10 10 3hrsmin.	7
9. 8irthplace (Town, county, and state)	Due to Approximation
Return about	ges allegalistic 5 y
1D. Usual occupation.	Due to
11. Industry or business 4. A hang gard	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Martha Sewell 15. Birthplace Laurel, Maryland	Major findings of operations
\$ 15. Birthplace faurel, Mary land	Date of op.
18. Informant Clyde K. Marton Jr.	Aotopsy results
Address Livel Maryland.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17 Surial Date thereof March 241949	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriol, cremation, or removal, Which?) (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory. July Will Cometery	Where did injury occur?
Location Laurel maryland	Injured at home, farm, industry, public place (where?)
1. Ilit aboutles.	Meane of Injury Injured at work?
18. Funeral director.	0 811
Address faurel, Marysand	23. SIGNATURE M. D. or other
Mar 23 1847 M. Brasheare	121/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
(Date rec'd by registror) Registrar	Address Date signed Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)-00



CERTIFICATE OF DEATH

(13099 Reg. Dist. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	mel - (Deure) Grage
City or town (If outside kity or town limits, write RUKAL and give nearest town)	State County (County
How long in above place of death?	City or town (17 outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1418-30 € CAVE.
770 00 - 0000.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
FRANK NAVARRI	9- (NAURRIA) NONE
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Shill Shidowed	20. DATE OF DEATH March 30 19.47 at 1 1 1 1 1 1
maria navarria	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or with the control of the co	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Savo 16 18 19	Immediate cause of death
8. AGE: Years Months Days If less than one day	Congestine heart failure
12/ 2 1.4 min.	<u> </u>
9. Birthplace Secury	Due to Chronic Coronary insufficient
(Town, county, and state)	
10. Usuat occupation	Que to Cardiovascular reput
11. Industry or business	disease
12. Name Comone Javaria 13. Birthplace Sicily	Other conditions
13. Birthplace Sucify	(Include pregnancy within 3 months of death)
14. Maiden name Usia Blumo	
14. Maiden name lista Columb 15. Birthplage	Major findings of operations.
15. Biringiage	Date of op.
18. information 18.	Autopy results
Address 48 1 90 and W. Caph Higher	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Gustar Pate thereot apr 2/4)	Accident, suicide, or homicide
(Burial, eremation, or removal. Worteh?) Date thereot. (fnonth) (day) (year)	,
Cemetery or crematory	Where did injury occur? (City of town) (County) (State)
Location Supplied State State Const.	Injured at home, farm, Industry, public place (where?)
18. Funeral director of hopombers low	Means of Injury Injured at work?
511-11 M/A	deputy medicaration
Address 977 77 77	23. SIGNATURE AND M. D. Another
19.3/3/ 1947 Carry Campbell	1 - till bed = 30-47
(1) the rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Myco

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8.3	60		111	7
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County Clarker	
City or town	Slate County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1501 - north Paterson Park are
In words near Crane Aughray	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war World War #1
3.(a) FULL NAME	3. (b) Social Security Number
amos heuma	~
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Augh	20. DATE OF DEATH march 17 1947 21 800 Am
	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	and that I last saw h allye on 19
deceased (mo., day, yr.) august 12, 1900	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Vernonland and
46hrsmin.	Shol
9. Birthpiace Baltimore, had	Due to any shot wound
(Town county, and state)	Da head
10. Usual occupation.	Due to
11. Industry or business Confection ary	
12. Name arton necessary 13. Birthplace Cachoslovahia	Other conditions
13. Birthplace Cachoslovahia	(Include pregnancy within 3 months of death)
# 14. Maiden name Johashi Ooyas	(Include pregnancy within 8 months of death)
14. Maiden name Desagli Ungus 15. Birthplace Que	Major findings of operations.
100000	
16. Informant	Astopsy results
Address 4205 - Thelaton line Halle	22, VIOLENCA: If death was due to external causes, fill in the following:
17 Burial Burial Date thereof 3/21/1947 (month) (day) (year)	Accident, suicide, or homicide Accident Date of The Da
	Where did injury occur?
Cemetery or cremetery Oak Hill	(City or town) (County) (State)
Location Horner's Lane, Baltimore, Md.	Injured at home, Jarm, Industry, public place (where?)
18. Funeral director Charles E. Schimunek	Mans of injury has in hear with injuries with .
Address 2601-03 E. Madison Street	Mejouty medical gaments
200 1 1 1 1 1 1 1	23. SIONATURE M. D. of Other
19. (Date rec'd by registrar) 19. 47. C. W. Hedreck Registrar	Address Forestittle nell Date signed 3-17-4
(Sate reed by regionar)	MARIESS DAIG BIRICON

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-0/

CERTIFICATE OF DEATH

03101 eg. Dist. No. 2370

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County June Cl Lett gl	Mr. Frederica
City or town(If outside city or town limits, write RURAL and give nearest town)	State Many County County Many Garden State Office of the County Office Rural and give nearest town)
How long in above place of death? O. W	
nospital, institution, or street address where death occurred.	Street No. 9479 Persey J. Lanch Ruad (Ithurat, give LOCATION)
Laurel Sanutarina	(If fural, give LOCATION)
How long in hospital or institution? UVA; 5-M:1477	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White Undown	20. DATE OF DEATH MARCH 17 19.47 21.12 P
6.(b) Name of husband or wife Assua Barilitely	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
6,(0) Name of Husband of Wile 2. Copy Copy Copy Copy Copy Copy Copy Copy	5 phtamps 21 18 46 10 March 17 19 47
T. Birth date of	and that t last saw h. Allaive on Mach 17 18 47
deceased (mo., day, yr.) Maich 5-1879	Immediais cause of death
8. AGE: Years Months Days If less than one day	
68 0 12hrsmin.	Cerebial Hemonshage 3/16/47
9. Birthplace Villa (Town, county, and state)	Due to.
	General asterno Clerosis Club
10. Usual occupation. B. And EMAN	Due to
11. industry or business	
# 12. Name anton Misu mei wester	Dther conditions.
12. Name Julian Austria	piner conditions
	(Include pregnancy within 8 months of death)
14. Maiden name antonio Lebech	Major findings of operations.
15. Birthplace Viguesa, austria	Date of on
16. Interment & assistanium Recurds	
1 10 1111	Antopsy results
Address Laurel 5 an. ; Laurel, Md	22. VIOLENCE: It death was due to external causes, till in the following:
17 Removal Date thereof Muscle 17, 1947	
(Burial, cremation, or removat. Which?) Date thereot. (month) (daf) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Jacobia Washington, DC-	Injured at home, farm, industry, public place (where?)
Vac Orfice Lea	Misans of injury Injured at work?
18. Funeral director formula Congression	
Address 317 Penna. One, SE.	23. SIGNATURE JOHN S. Wethered, M.O.
men 17 un m Brackouse	23. SIGNATURE SAMULATION M. D. or other
(Date rec'd by registrar) Registrar	Address Lawel 9 appearance Date signed 3/19/47
	Laurel, Miller

MAR 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U3112400 Reg. Dist. No. 22400

1 PLACE OF DEATH: Levy grs County Clerkenham and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For tewborn infants give residence of mother) State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
inopria, invitation, or vices successive and a second	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME//	3. (b) Social Security Number
Ellie Isabella Oliv	er
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced while when the downers	MEDICAL CERTIFICATION 20, DATE OF DEATH March / 9.647 at 3 P
6.(6) Name of husband or wife ames Frank blues	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age yea	1940 to buch 1 21 1947
7. Birth date of deceased (mo., day, yr.) March 12 -1869.	and that I last saw h and alive on the last saw h and aliv
8. AGE: Years Months Days It less than one day	la marchall andones latin
77 // /5hrsnii	
Tolar Bles Co mb	Diace to - O gear
9. Birthplace (Yown, county, and state)	Due to
10. Usual occupation At Arme	
11. Industry or business)	Due to
12. Name Julius V. Jules	Other conditions Wilerup Sciences Types
2 13. Birthplace mount	(Include pregnancy within 3 months of death)
HE 14. Maiden name Franklister Stansbriker	Major findings of operations.
El 15. Birthplace	Date ot op.
16. Intermant And 4. Oliver	Antopsy results
Address Meltenham - 1900.	PHYSICIAN: Please underline the cause tn which death should be charged statistically.
11/3urial Date thereof 3-5-47.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Dale thereof. (month) (day) floor;	Accident, suicide, or homicide
Cemetery or crematory Multinstand Mel Total	Where did injury occur?
Location Chellenham M.	Injured at home, farm, Industry, public place (where?)
2751 191211.B. A	Means of Injury Injured at work?
18. Funeral director.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address There marketono	23. SIGNATURE TOWN Of Jovers
march 2 19 47 7. 14. Bellinaste	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

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MAR 17 1947
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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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2411 N. Charles St., Baltimore

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03104

Reg. Dist. No. 243/

CERTIFICAT	TE OF DEATH Reg. Diat. No. 243
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. Couoty City or town Washington (If outside city or town limits, write RURAL and give neareat town) Street No. 3409 Prospect Avenue, N. W. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME arthur Lee overholts	3. (b) Social Security Number 230-09-4610
Male White Single married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Daye It less than one day 58 J L L hrs. min. 9. Birthplace Manual Man	aed that t last saw h
10. Usual occupation	Due to
14. Maiden name Latherson M. Chlorals 15. Birthplace Mount Inches	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Intermant Mrs May & Sinces Address 3 1/ C St St Wash DC	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof Man, 2 b. 1944. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Loc	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director Co. 13. Address of sput Royal Va., 19. Mar. 26, 1947 Rowland S. Philips. (Date rec'd by registrar) (Registrar)	23. SIGNATURE Daniel Leo Pinnecare MAD. or other Address Slam Dale Md. Bate signed Mas. 26, 1947



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03106

CERTIFICATE OF DEATH

	Z OT ZZITTI
1. PLACE OF DEATH: Prince Gunges	2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Gunges
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Carne	1. Owens 3. (b) Social Security Number
4-Set Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored single	20. DATE OF DEATH. Smorey 10 1947, st. 837
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
A CAMP OF THE PARTY OF THE PART	2-1 197 10
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediair squee of death Premona DURATION
% 4hrsmin.	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	
	Due to
11. Industry or business	Other conditions.
13. Brishplace Ballimore	(Include pregnancy within 8 months of death)
E 14. Maiden name Tumella June	Major findings of operations.
2 15. Birthplace Julen ann	Date of op.
16. Informant Augustian Omenia	Autopsy results
17 Bulante Date thereof Mar, 13/947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
etarwood -	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	at ally and
Address / embolyous	23. SIGNATURE M. D. or other
19, March 12 19 47 Registrar Registrar	Address Date signed 3 - 10 - 4

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	han no. G	s shown on 109 APR	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

03105

109 APR 17 194 CERTIFICATE OF DEATH

3			310
Reg.	Diat.	No	

1. PLACE OF DEATH: HANGHANG / NO. 1/1/10 Pr. Geo.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MA. County Prince George Co.
City or town	City or lown Hyatts ville City or lown (If outside city or town limits, write RURAL and give nearest town) Street No. 5302 Annapolis Rd. Md
5308 Annapolis, Rd.	(If rural, give LOCATION)
Now tong in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Thomas A Patterso	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION March 30th, 1947 9:15 A. M.
6.(6) Name of husband or wife Elizabeth. A. Patterson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1744
8. AGE: Years Months Days It less than one day 19	Immediate cause of deals
9. Birthplace	Due to Acute Hypertention Due to
12. Name Angelos Patterson 13. Birthplace Asia Minor Turkey	Other conditions
15. Birthplace Asia Minor Turkey	Major findings of operations. None
16. Mr. Constantine A. Patterson 5411 North Capital St.	Autopey results
(Borial, cremation, or removal. Which?) Date thereof. March 30 1447 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Fort Lincoln Ceru	Where did injury occur?
18. Funeral director The S. N. Huier, Co	Means of injury none Injured at work?
Address 2901-14 St U.W. 19. 3 30 (Date see'd by registrar) 19. (Date see'd by registrar) Registrary	23. SIGNATURE M. D. or other Address 1 301 Mass Ave. N Was signed 7 7

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2411	N.	Charles	St.,	Balt	imore	(2	3-2)
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Rugene Le Sand Memoral hospital	E OF DEATH Reg. Dist. No. 2450
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County City or town (If outside city or town theirs, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) th veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Robert Lincoln Porter.	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced White White divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH WASCL 16 19 4 7 21 1 3 4 M
8. (6) Namo of husband er wife CAA OLINE CERE years 7. Birth date of deceased (mo., day, yr.) You u. 29, 1892. 8. AGE: Years Months Days If less than one day hra. min. 9. Birthplace Manager of the state of the	21. I CERTIFY that death occurred on the date above stated, that i attended deceased from 19.47 to Much le 19.47. and that I last zew h. Market on 19.47. Impediate cause of death Congistion) for Failure Due to Conomany Thrombosic Lyron Due to Mathematical L
12. Name Lank Panten. 13. Birthplace South Carolina 14. Malden name Eliz Dune Roxd. 15. Birthplace South Carolina.	Other conditiona
16. Informant Lehrund Memmal Ampital Personals Address Redule, Md	Aotopsy results
17. (Burial, Jation, or removal, Which?) Cemetery or crematory Fort Line also (month) (day) (year)	22. VIOLENCE: if death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director Change Change Tolking a discourse of Address 5103 was are now washing to	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 3 7 0 3 (000 and 700 000 000 000 000 000 000 000 000 00	23. SIGNATURE M. D. or other Address Revealale and Date signed 3/16/47



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A15 NS PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 309

CERTIFICATE OF DEATH

Reg. Dist. No. 2390

T. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or bown limits, write RURAL and give nearest town)	State Ind County Orange Seurge
(If Outside City of Cown indicas, write restrict and give meaness cown)	City or town
How long in above place of death?	(If outside city of town limits, write NORAL and give nearest own)
nospiral, institution, of street address where death ossured.	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George X. T	RESTON
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored unproven	20. DATE OF DEATH 3 - 17 19.4. 21.1.1. P
a di in contra de mide	21 A PERTIFY that death occurred on the date above stated; that t attended deceased from
8,(b) Name of husband or wife	10tt. 519.36 10 // My 1 1947
7. Birth date of School	and that I last saw have allow on Mary 18 4
deceased (mo., day, yr.) Sec 9 1879	Immediate cause al death DURATION
8. AGE: Years Months Days If less than one day	Circ by a O. Abyrarklight I hour
67 3 9min.	
Wi planting 96	Que to Hypertusion 15 gr
9. Birthplace	Market ditie
10. Usual occupation. Lakement	Vishing 1
	Due to
11. Industry or business	
12. Name Jasobs Dreston	Dither conditions
Z 13. Birthplace Vergence	(Include pregnancy within 8 months of death)
14. Malden name. 24. A. S. Sirthplace	Major findings of aperations.
S 15. Rirthplace	Date of op.
ela ac moralano	
16. Informant Thursday	Autopsy results
Address 9 th Stawel mal	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Burial Date thereof Man 20 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Action, suitac, or normalization
Cemetery or crematory	Where did Injury occur?
Location muskisk Del	Injured at home, farm, Industry, public place (where?)
.0.100 0.10	Means of Injury / Injured at work?
18. Funeral director Control of the	6/11/10
Address 40 1 Wash one Lawel ma	23. SIGNATURE AND MARCH MARCH
may 20 42 m. Brustiens	M. D. or other 47
(Date rec'd by registrar) Registra	Address VI ALCEL MAD Date signed 370 1

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(3109 *B Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Glann Dala Manyland	State D. C. County		
City or town	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 5 months, 10 days.			
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 634 N. St., N. W., Apt. #54B		
How long in hospital or institution? 5 months, 10 days.	(If rural, give LOCATION) 2.(a) If veteran, name war		
3, (a) FULL NAME			
NOBLE MADISON	7R1CE 3. (b) Social Security Number 225-10-5007		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE DE DEATH March 6 1947, 21/1 A. N		
6.(b) Name of husband or wife Edna Price	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from		
\$ (a) If allow also are 23	A 25/ 1946 10 3/6/ 1947		
7. Birth date of deceased (mo., day, yr.) May 9, 1909	and that I last eaw h. Com. alive on		
8. AGE: Yeare Months Days It less than one day	Immediate cause of death		
37 37 9 27hrsmin.	Pulmonary Teterculosis 9 mos		
9. Birthplace Alexandria, Virginia (Town, county, and state)	Due to		
(Town, county, and state)			
1D. Usual occupation. Delivery Boy	Due to		
11. Industry or business Arcade Market			
12. Name Walter Price 13. Birthplace South Carolina	Other conditions		
13. Birthplace South Carolina	(Include pregnancy within 3 months of death)		
14. Maiden name Elizabeth Johnson			
14. Maiden name Virginia	Major findings of operations.		
Deceased	Date of op.		
16, Informant	Autopsy results		
Address	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?) Date thereot. Was. J.	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
To Washington 1. C;	Injured at home, farm, Industry, public place (where?)		
John M Phanes	Meene of Injury Injured at work?		
18. Funeral director	(1) 10 A.		
Address 90/-3 2/ 3.00.	23 SIGNATURE LANGE LEO FINICANO MX		
19 3/6/ 1947 Kowland S. Philips	& D (1) a m. D. or other		
19. (Date rec'd by registrar) Registrar	Address Stenn Wash Man, Date signed 3/6/4/		

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CERTIFICA	TE OF DEATH Reg. Diat. No. 2300
County Clity or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long in hospital or lastitulion?	2.(α) If veteran, name war
3, (a) FULL NAME Manch Robby	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, practiced, pridowed, or dispersed	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or wife Massellier Asked	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yr.) 4. 8. 1872	and that I last saw h. A. alive on 3 - 1 0 - 4 7 19 DURATION
8. AGE: Years Months Days If less than one day	n. Bronolin Brown 3 day
9. Birthplace. (Town, county Januarate)	Due to Mitastalie Carcinomia
10. Usual occupation	Due to Many Surger 2- mos
12. Name Storage Starters 12. Name Storage Starters 12. Name Storage Starters 12. Name Storage Storage Starters 12. Name Storage Stora	Dither carditions
14. Maiden name 1988 August 1888 August 18	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace flooring to the C	Actopsy results.
Address & Allegralle, The	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
18. Funeral director All March March 18.	Means of tinjury Injured at work?
Address Saural Ma	23. SIGNATURE M.D. or other
(Date ree'd by registrar) (Date ree'd by registrar) Registra	ar Address Gaurel Date signed 3/18/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	2411 N. Charles St., Baltimore 170					
CERTIFICAT	TE OF DEATH Reg. Diat. No.					
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Couchy					
3. (a) FULL NAME Emma Roy	3. (b) Social Security Number					
4. Sex Tends Color or race 8.(a) Single, married, widowed, or Grorced Wedowed 6.(b) Name of husband or wite. Wellie Company	MEDICAL CERTIFICATION 2D. DATE DF DEATH					
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min.	and that I last saw h					
9. Birthplace	Due to Campaign Daniel of Full Duije Get Fore Concusen					
12. Name Chest Trackton 13. Birthplace Responsed Coult Va	Other conditions					
16. Informant Cleveland Trailor Address murkuh The moval Bate thoront 2-5-47	Autopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or horitein and the should be charged statistically.					
Cemetery or crematory Washington Funcial Home Location Washington A.C.	Where the law security (City or town) (County) (State) Injured at home, farm, industry, public place (where?) (Means of Injury) (Against Manual Injured at 1004)					
18. Funeral director Address 19. Man elv., 5 19 4 7 19. Was a Server (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 5 4 4 4					



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OBA 03113

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Prince Georges	(For newborn infants give residence of mother)		
City or town. City outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death? 11 days	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 1311 Corcoran St., N. W.		
Glenn Dale Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? 11 days	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MENRY. ITUS	SELL 577-22-4567		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Polosed single	20. DATE DF DEATH Marce 6 le 18 47 at 3 A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.		
& (e) If alive tive are years	Jely 24 co 1847 10 March 6 1947		
7. Birth date of	and that I last saw Visso alive on Mibrell 600 19 41)		
deceased (mo., day, yr.) April 6, 1905 8. AGE: Years Months Days If less than one day	Immediate cause of death		
12 12 22	(f		
	Tellmonary duberculous 3 mos.		
9. Birthplace Durham, North Carolina (Town, county, and state)	Due to		
10. Usual occupation Porter			
11, industry or business —	Due to		
11. Industry or dusiness			
	Dither conditions		
13. Birthplace Unknown	(Include pregnancy within 8 months of death)		
14. Malden name Mattie Seaton 15. Birthplace Unknown	Major findings of uperations		
15. Birthplace Unknown	Date of op.		
16. Informant Deceased	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	22. VIOLENCE: It death was due to external causes, till in the following;		
(Burial, cremstion, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
	Where did Injury occur?		
Cemetery or crematory.			
Location W VVIII Company	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Magiery oblineral Home on	Means of Injury Injured at work?		
Address 389-18. V. aut. H.W. Wath he	() a is look in an a mo		
0 .0000	23. SIGNATURE A LUNCIA A LO FINICANO M. D. or other		
(Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address of lenn Dale Md Date signed 3/6/44		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03114 Reg. Dist. No....

City or town	e George verdale utsida eity or town liv of death? 14 street address where o 08 Tucke	mits, write R Years Jeath occurred rman	***************************************	2. USUAL RESIDENCE (FIOME) OF (For newborn infants give residence of a state. Maryland courselected or town limits (If outside city or town limits street No. 4508 Tucke (If rural, give 2,(a) If veteran, name war.	mother) Prince (write RURAL and give nee rman Street LOCATION)	rest town)
3. (a) FULL NAME					3. (b) Social Security	
J. (a) 1021	MAR	Y A.	SCHAEFER			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White		Widow	20. DATE OF DEATH March 5,	19. 47	.at.4:10A.M
	37	6.(Schaeferyears	2t. I CERTIFY that death occurred on the date about 19	ove stated; that lettended dece	19. 4. 7. 4. 19. 4. 7.
8. AGE: Years		Days	If less than one day	Immediate cause of death	o-les	Lunda
80		0	hrsmin.	anneilar Filullo	<u> </u>	3406
9. Birthplece	Housewi	0000000	C.	Due to	Cadio	5 40-
	W:77:00	Tren	ides	Dither conditions	cold	3 cycls
12. Name	Germany			(Include pregnancy within 8		(4
Maldon name	Sophie	Potz	er	(Include pregnancy within 8		
15. Birthplace	Germany			Major findings of operations		
II Mr			Kirby	A-A	***************************************	************************
IB. Informant	508 Tucke			PHYSICIAN: Please underline the cause to w		statistically.
17 Buris (Burial, eremation	, or removal. Which?	Date the	reof March 8, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external ca	Date of	
Cemetery or cremate			Cemetery	Where did injury occur?(City or town)		
Location		~ 1	0. C.	Injured at home, farm, Industry, public place (v	injured at work?	
Address 31 %	Penna, Ar	re.S	1 1	23. SIGNATURE UBM. Address Mt. Ramin	M. D.	D. or other

ACTION DESCRIPTION

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MARI 8 1947

BUREAU V B.

Land Control

World Street By The Street

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

CS 03115

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)		
County Prince Georges	State C County		
City or town			
How long in above place of death?	City or town. Washington (If outside city of town limite, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. 14125 Minnesota Ave., N. E.		
Glenn Dale Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
EDWARD DCO	T T. 577-24-5401		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	Mrs. 00, 10 The 12 1020		
	20. DATE OF DEATH.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Feb. 16, 1922	and that I last saw h fleelalive on Marcle 19 th 19.47		
8. AGE: Years Months Days If less than one day	Jamediaie cause of death		
25 25 1 3min.	(lelius ares / le Cerculoris 2 / Mar		
	Julian 20 Mos		
9. SirthplaceWashington	Due to		
1D. Usual occupation			
11. Industry or business	Due to		
~1			
12. Name Ernest L. Scott	Diher conditions		
3 Birthplace Culpeper, Virginia	(Include pregnancy within 3 months of death)		
Francis Johnson	Major findings of operations.		
14. Maiden name Francis Johnson Washington, D. C.	Date of on.		
16. Informant Deceased	Antopsy results.		
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address	22. VtOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)/			
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)		
Location to Washington D.C.	Injured at home, farm, industry, public place (where?)		
18. Funeral director W. Grand Jamie la.	Means of Injury Injured at work?		
Address 1432 - U. St. n. W. Wash, W.C.	() iller Lines m.D		
1 Mar 19 Wall our land of Philips	23. SIGNATURE A. C. FAMILLA M. D. or other		
19. Man 19, 1947 Toevland & Thelips	Address Venn Hab May, Rate signed Way 19.19 47		

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MAR 25 1947

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2-2430 -- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	Slate County		
City or town. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Inglilution, or street address where death occurred	Street No. 4028 - 35th St.		
Leland Memorial to speed	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME m. Frank Joseph Sl	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH		
6.(b) Name of husband or wife mounthung Slvan	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
0 (2) 16 alling airm and (2)	april 1946 to May 19 1941		
7. Birth date of	and that I fact saw a Mu alive on Many 18 1941		
deceased (mo., dey, yr.) 8 A.G.E. Years Months Days 11 less than one day	Immediain cause of death		
0. 100	Coronary arlenosclerofic 1 reck		
69 9 11hrsmin.	Keard Dieace with		
9. Birthplace tay (Town, county, and state)	Oue to Myocardial Infarthan		
3. 1	and congestive Heart		
10. Usual occupation.	Due to dallare.		
11, Industry or business	2 10 20 10		
12. Name & ockland Strum	Other conditions brouclise asklima. To years		
∑ 13. Birthplace	(Include pregnancy within 8 months of death)		
14. Maiden name Wassey Collew Kelly 15. Birthplace 7. W. Va.	Major findings of operations		
¥ 15. Birthplace 7 W. Va.	Oale of op.		
16. Informant La Grand Memorial Prosential Record	Autopsy results		
Address Price dale md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
nhi di lelan	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (fear)	Accident, suicide, or homicide		
Cemetery or crematory Fort Survolu Celluly	Where did Injury Occur?		
Location Mashing flow W. G. Dist Sure	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director On Millians Leis, Sons a	Means of Injury Injured at work?		
7-1 1. H. 0/ me / 160	1 00 m 1		
Address JOJ- H 20 St 11. 6 Wagh. W.C.	23. SIGNATURE Survey M. D. or other		
10 March 19" 1944 Mrs. Jas Devere	4300 Raymana Delice		
(Date rec'd by registrar)	Address Date signed		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Imes

correct age

VS A15 9.45.

PLEASE

MAR 20 1947
BURFAU V A

2-2450 -1-6

WRITE PLAINLY,

PLEASE

The correct age

1. PLACE OF DEATH:

How fong in above place of death?.....

How long in hospital or institution?

Hospital, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio



2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

(For newborn infants give residence of m	nother
Slate Ma. Coun	Pr-george
MIX. ROI	11.01
(If outside city or jown limits,	write RURAL and give nearest town)
Street No. 3303- / Seen	ker Held Kal
(If rural, give I	OCATION)
2.(a) If veteran, came war	
11	3. (b) Social Security Number
ith	
MEDICAL CE	RTIFICATION
	RIFICATION
20. DATE OF DEATH MARCH 4,	1947 at 4 M
21. I CERILEY that death occurred on the date above	
tebruary 14, 194	17, 10 MARCH 4, 1947
and that I last saw h. 1. m. alive on	
Immediate cause of death	DURATION
CARDIOVAS CUlar Kena	l Visease 1 yr
Due to General 1222 Arter	10 SC/00313 1 yr.
Due to	
Other conditions AFTEX 105clerofc	i H. Disease Leve Months
(Include pregnancy within 8 m	onths of death)
Major findings of operations	***************************************
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (who	ere?)
Means of Injury	Injured at work?
$\langle \chi \rangle$	my
23. SIGNATURE	N.D. or other
	D. Date signed 3/4/47

3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 4. Sex B.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Years If less than one day 8. AGE: 9. Birthplace...... (Town, county, and state) 10. Usual occupation. 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 16. Informant. Address Burial (Burial, eremation, or removal, Which?) Date thereof. (month) (day) (year) (Date rec'd by registrar) Registrat

(If outside city or town limits, write RURAL and give nearest town)

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> Um f. Mailey 3200 R. P. line M. T. Marine, net

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MAR 26 1947

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2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the toilowing: Injured at work?

MAR 6 1947 BUREAU V S.

2-2450-1-10

	age
M	correct:
	The
•	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	form f dea
	y item of in
3	ever
7	supply ase w
NEODEL V	INK. Sans: ple
Taketh Meditable For Bireing	NFADING nt. Physici
	WITH U
0	AINLY, specially
9-45-15M	WRITE PL.
V A ALU 9.45.15M	PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

* 03120 Reg. Diat. No. 243/

A. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Glenn Dale, Maryland. (If outside city or town limits, write RURAL and give nearest town)	State D. C. County		
How long in above place of death? Surse, 10 mos., 18 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 426 - 15th St., N. E.		
Glenn Dale Sanatorium,	(If rural, give LOCATION)		
How long in hospital or institution? 5 yrs., 10 mos., 18 days	2.(a) tt veteran, name war		
3.(a) FULL NAME BERTHA. SWI	NBNRV.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DE DEATH Marcu to the 1947 21 2 A.		
6,(b) Name of husband or wife Leslie Swinburn 6.(c) If alive, give age — — years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) July 21, 1907	and that Nast saw her alive on Marchel Otto 19.47		
8. AGE: Years Months Days if less than one day	Immediate cause of death		
39 39 7 19hrsmin.	Telmonary Velleergelosis 2 mis		
9. Birthplace Maryland (Town, county, and state)	Due to		
1D. Usual occupation Housewife	Due to		
11. Industry or business			
12. Name Joseph Buckler 13. Birthplace Maryland	Other conditions		
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Bertha Agnes Tippett 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Majer fiudiags of eperatious		
2 15. Birthplace Maryland	Date of op.		
16. Informant Deceased	Autopsy results		
17. (Burial, eremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location Galewille (hed.	Injured at home, farm, industry, public place (where?)		
18. Funeral director T. A Hardesty	Means of Injury Injured at work?		
Address Galesvillo Md.	(1) : OP. D		
May 12 1/ Rouland & Philips	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Ven Wale Ma Date signed 3/10/47		

MAR 17 1947
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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-8)

CERTIFICATE OF DEATH

(3121 Reg. Dist. No. 2431

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County
	City or town Washington
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium	Street No. 23 Congress Ct., N. W.,
How long in hospital or institution? 14 hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SALLY TILLERY	5. (b) butter because y reamon
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Separated	20. DATE OF DEATH March 17 19 47 at 11 40 P. M
6,(b) Name of husband or wife. Willie Tillery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 17 19 47 10 Ker. 17 19 47
J. BITTH GATE OT	and that I last aaw h. C. M. alive on
deceased (mo., day, yr.) August 6, 1893 8 AGF- Yeara Months Days If less than one day	Immediaje cause of death
o. Ada.	Pulmonary Tuberculais 2 mo.
53 53 7 11min.	0
9. Birthplace	Due to
1D. Usual occupation	Due to.
11. Industry or business	
12. Name	Other conditions
12. Name	
14. Maiden name Frances Wade	(Include pregnency within 3 months of deeth)
Halifax North Carolina	Major findings of operations.
₹ 15. 8irthplace	Date of op.
16. Interment Chest Clinic & Edward Tillery	Autopsy results
Address Brother, 23 Congress Ct., N. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 15	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Leward Bate thereot War 18, 1947 (Burisl, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
to Washington D.C.	Injured at home, farm, industry, public place (where?)
LOCATION TO TO TARRET	Means of injury Injured at work?
18. Funeral director	
Address 1308= 62+ 91.	Lo iel Con I m. D
Mar 18 1171 Paraland & Philips	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Then Wale Md Date signed has 18,144

RECICIVED MAR 25 1917

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

0312456 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town	State maryland County Brings Steamer
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	1411-30-th 17
4411-30 and St mf Rainer ms	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Helen may Jobin	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	20. DATE DE DEATH NAUL 23, 1947, 21 /30A. M
8.(6) Name of husband or wife and sur R.	21. JERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 54 years	Hovember 26, 1946, 10 March 23, 1847
7. Birth date of deceased (mo., day, yr.) may 1st 1902	and that I last saw her alive on March 8— 1847
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Metastatus Carein on a Unorther
44 10 22hrsmin.	Metastatu Careinoma 4 months
8. Birthplace Washington D. C.	Que to melanos arcorne of lefter 2 years
(Town, county, and state)	000 10.
10, Usual occupation	Due to
11. Industry or business	
12. Name Warn H. Charries 13. Birthplace Washington W. C.	Other conditions
13. Birthplace Washingtone N. L.	(Include pregnancy within 3 months of death)
14. Maiden name Thatharek Many	Major fiudiugs of operationa
15. Birthplace Washington hills.	Date of op.
18. Intermant Grand Select M. J. Sting	Autopsy results
Address 4411-30. the St. Int. Rainier mod.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot. 3/26/1947	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? R. (City or town) (Connty) (State)
Location Co Winds Dalto Dlang to be France Mos.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lawrence Dalling	Means of Injury Injured at work?
Address 3200-R. I live Int. Raining Ind.	Vantantin mo
Quel 25 47 hours expers	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address he Plaine he Date stoned 3/25/42

Coroner James D. Boyd, of Josestuck, Mrs. Coroner gr Prince Georges County, no lifeid of death and will approve this death certificity

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		1	2	1/0

	Rog. Disc. No. and American		
1. PLACE OF DEATH: Sounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Crurce Georges City or town Cluston (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long to hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME, Lucinda Tolson	3. (b) Social Security Number		
Remale Col Coloror race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 30 1847 21 100		
6,(b) Name of husband or wife Amel Jolson 7. Birth date of Solution Soluti	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Months Days It less than one day 82 8 18	Immediai code of death Dynarion 3 yrs		
9. Birthplace Cosary colle Se Georges In J (Town, county, and state) 10. Usual occupation.	Due to.		
11. Industry or business 2 12. Name Colent toherler 13. Birthplace Sunaterille and	Other conditions		
14. Maiden name Eliza ann Canoll 15. Birthplace Poplar Hell Py Les Cs, and	(Include pregnancy within 3 months of death) Major findings of operations		
16. Intermani William H. Steward	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial (Burial, cremation, or remove) Which?) Date thereof (ponth) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Linton	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Aleans of Injury Injured at work?		
18. Funeral directer Arthurd Address 433 9 Huntt Pl. D. E. Wash	1. C. SIGNATURE Offen E. Rowers hun		
19 Mar 3/ 19 47 Mrs. Alton Davis (Date ree'd by registrar) Registrar	Address Brandy wine But Date signed 3/30/47		

1882

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correct age

NG INK. Supply every item of information carefully. The sicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93.1)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	State Maryland County June
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 301 6 2 2 3 100 de
Estagement Stand Themas The	(If fufal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
mr. Vincent Potarofila	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed; or divorced	MEDICAL CERTIFICATION
male white moderated	20. DATE OF DEATH. 3 - 4 19. 47. 21. 6.30
6.(b) Name of husband or wife Quitorisetts to starufil	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	and that I last saw h. Afron alive on March 3. 19 47
deceased (mo., day, yr.) Sterre 10, 1868	Immodia: cause of death
8. AGE: Years Months Days If less than one day	10 Cordia Professioner / day
78 2 22hrsmin.	
a Blobsless State	731 10 Hypertensive Corollo-
9. Birthplace	Transla drease Lyn
10. Usual occupation work land lange of	Due to.
11. Industry or business	
12. Name	E-Diher conditions frankling payaging 15 mo
12. Name	, Sue to Carebrol helmonokage 15 ms.
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16 Interment Josephin Harrison (Woughler)	Date of op.
	Autopsy results
Address 29 40. Carlton are ne washol	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Secret Dale thereof May 9/47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Mr. Turk Clusty	Where did injury occur?
Location wush. De.	Injured at home, farm, industry, public place (where?)
18. Funeral director WWehaules Co.	Means of Injury Injured at work?
Address 577- 11 St D.E. D.C.	23. SIGNATURE Walout William Ma
man. H" " HT man las lovere	23, 316NATURE M. D. or other 3-4-42
(Date rec'd by registrar)	Address Date signed

MAR 6 1917 ***
BUREAU **

2-2450 -1-10

Months

Days

Oate thereot.

If less than one day

...hrs.

(month) (day) (year)

Registra

Address.....

How long in hospital or institution?. 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

1t. Industry or business

t4. Maiden na 15. Birthplace t4. Maiden name

t6. Intermant.4 Address

Location

18. Funeral director

Cemetery or crematory

(Date rec'd by registrar)

(Burial, cremation, or removal, Which?

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore (55-P)

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
I	state Mary land county Truck Leonger
	1/2
۱	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. Troul
Į	(If rural, give LOCATION)
	2.(a) It veteran, name war.
Ī	3. (b) Social Security Number
-	rood. upul
I	MEDICAL CERTIFICATION
	2D. DATE OF DEATH March 6 1947, at 6 P. M
ľ	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1	Feb- 1947, 10 24 ouch 6 1947
ı	and that I last saw h have alive on which 5 1947
1	Immediate cause of death Lynghla Barcoure DURATION
i	7840.
l	Ourmany int lymph-glands of neck.
	Due to William Cuts
	General enlargement of hymph-glands
	Due to.
	The John Total
	Other conditions General arterio Selesonis Theoling
	(Include pregnancy within 3 months of death)
	Major findings of operatious.
	Date of op.
l	Autopsy results
	22. VtOLENCE: If death was due to external causes, fill in the tollowing: 24
	Accident, suicide, or homicide
ı	Where did Injury occur?
	(City or town) (County) (State)
	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
	0 = 0 = 1 = 1 = 1
1	23. SIGNATURE Taul C Van Hallo

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED especially PLAINLY, is especially

important.

WRITE ASE SA

MAR 12 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.6

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: Gounty Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. City or town limits, write RURAL and give nearest town) How long in above place of dealh? 8 MOS 14 days	State
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 8 mos., 11 days	Street No. 637 Maryland Avenue, U. F., (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
SEGUNDO VELAS	3. (b) Social Security Number 577-16-8477
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Phillipine Single	20. DATE DE DEATH MOR. 14, 1947, 318. 35 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 29, 1947, 10 Mar 14, 1947
7. Birth dale of	and that I last saw h Limslive on Man, 13, 1947
deceased (mo., day, yr.) March 29, 1906	Immediais cause af death
8. AGE: Years Months Days If less than one day	Pulmonary Lulerculoris 3 yrs
40 40 11 15hrs. min.	
9. Birthplace Ahaloe, Phillipine Islands (Town, county, and atate) 10. Usual occupation Butler (home)	Tulerbulesis of lift 1st
11. Industry or business	drawing sines 8 Mo.
12. Name. Fermin Velasco.	Dither conditions
	(include pregnancy within 3 months of death)
14. Malden name Victorina Presas	Majar findings of operations
15. Birthplace Phillipine Islands	
16. Informant Deceased	Antapsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bale thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fort Lucalus Country	Whera did injury occur?
Location Prince Gange Co, M.S.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. Chambers Co.	Means of Injury Injured at work?
Address 517 - 11 th St. S.E. Work. D.C.	Da. DP D. 300
19. Mar 14, 1947 Rowland S. Philips	23. SIGNATURE MULLING ARD FINITED OF THE M. D. or other
(Date rec'd by registrar) Registrar	Address Stem Lab Mar. Bate signed Man 14 194

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2-2130 - 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
Clenn Dale Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County City or town Washington
How long in above place of death?	Street No. 1311 Union St., S. W.
How long in hospital or institution? 4 days	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME CHESTER J. VE	3 (b) Social Security Number
4. Sex MALE 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	2B. DATE OF DEATH
8.(b) Name of husband or wife Ruth Venny 6.(c) If alive, give age 43 year deceased (mo., day, yr.) Nay 20, 1899	and that I last saw h. L. alive on
8. AGE: Years Months Bays If less than one day	Immodiain cause of death Lucinary Tuberculosis
9. Birthplace	. Due 10
1D. Usual occupation	Due to
12. Name Samuel Venny Unknown Samuel Venny Samuel Venny	Dither conditions
≝ 14. Maiden name. Mary Jordon	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Jordon 15. Birthplace ? Virginia	Major findings of operations
16. Informant Deceased	Autopsy results
	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
17. Removal Bate Ihereot War. 27,1949 (Burial, cremation, or removal, Which?) Date Ihereot War. 27,1949 (month) (day) (year)	
Cemetery or crematory	
Cometery or crematory Washington, D.C.	Where did Injury occur? (City or town) (County) (Sta Injured at home, farm, Industry, public place (where?)
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)



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Evidence for Change of	
Evidence for Change of age is shown on Film 1.109-3/21/47	MARYLA

ND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)
CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County Grands	Day of Comes
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4 2 A Street
200 fait with Western Westerle phool	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wymbert 76, Wals	W
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall white married.	20. DATE OF DEATH NOCH 11 19 4) 21 6 - A
6,(b) Name of husband or wife Charle W. Wakelel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) July 19, 1908	Immediate cause of death
8. AGE: Years Months Days It less than one day	Henorhal
V3879 1 22hrsmin.	and shock
9. Birthplace (Toyn, county, and state)	Due to Crushed skull
10. Usual occupation Industry of the second	
D bla III - I Ties	Due to
11. Industry or businesse Refugio Character (1986)	
12. Name Joseph Hall	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Graffor School 15. Birthplace Califel Ind	Major findings of operations.
\$ 15. Birthplace Allela Mal	Date of op.
16. Interment 1910 11 august Williams	Autopsy results
Address acesel. The.	
17 Busial Date thereof May 14, 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide accident. Date or
(Burial, Cremation, or remova). Which?) (month) (day) (year)	A PC
Cemetery or cremates and the state of	Where did Injury occur? City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. All Maria Mari	blepart medical Chamine
Address Jasselle Mell.	23. SIGNATURE Description of the state of th
may 13 .47 M. Brasheare	M. D. Mother
(Date ree'd by registrar) Registrar	Address Date signed 7-11-4

MAR 15 1947 BUREAU V B.

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MAR 18 1947
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MAKIL	AND	SIAIL	DEPARTMENT	Ur	HEALIF

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

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*	Dist.	No	1	u	43	1	-

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Count Irrice blosses	(For newborn infants give residence of mother)
My or lown (If outside city or town limits, write RURAL and give negrest town)	State County
11	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Leland memorial Assistal	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Edward Forest Wa	toon
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male malita Smil	7212 113 H1 200
The second of th	20. DATE OF DEATH March 3 1947 21 3 a. a
6.(b) Name of husbend er wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(c) 11 alive, give ageyears	19. 4, 10. March 3.19. 71
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8 AGF- Years Months Days If less than one day	Immedia Cruse of death DURATION
11 0	Chem myseman 3 gr
(a) 0 22hrsmin.	
9. Birthpiace 7 Pluma.	Due 10
(Town, county, and atate)	
10. Usual occupation Sugar Sides Corp.	Que 1o
11. Industry or business Stewarts Restaurant	900 (Q)
	ait. Jur.
	Other conditions
El 13. Birthplace . Service .	(Include pregnancy within 3 months of death)
E 14. Maiden name Maria Mattleda Claure	Major findings of operations
14. Maiden name	Date of on
	4
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Solvalale ma.	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17 David Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Gemelery or cremaiory	Where did injury occur?
Location certify (M.	Injured at home, farm, Industry, public place (where?)
7 Elechie sons	Meens of Injury A tnjured at work?
18. Funeral director	
Address Systleville ma	a SIGNATURE MIN WELL CHEN
march 150 117 mas bear Langue	23. SIGNATURE
(Date rec'd by registrar)	Address Tyculo, 199 Date signed 3 13-4

17. . . .

MAR 17 1947 BUREAU TR

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2-2450 --- 1-10

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 767)

CERTIFICATE OF DEATH

Reg. Diat. No. 23/

1. PLACE OF DEATH LEG COUNTY OF DEATH LEG COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Situation Seenterelle ma	State Many County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Short Tood
How long in hospital or institution?	(if rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Emanuel White	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
man coroun sparacea,	20. DATE OF DEATH. Morell 19 4 at 1 - 17
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. alive on 19
deceased (mo., day, yr.) Let 12,	Immediate cruse of death
8. AGE: Years Months Days It less than one day	New or boy and shell
011	
B. Birthplace (Town, eounty, and state)	Due to.
10. Usual occupation Calour -	Due to.
11. Industry or business Cement Block Co,	
12. Name Alfred 13. Birthplace MA	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Escura Hensure 15. Birthplace Md	Major findings of operations.
15. Birthplace	Bate of op.
16. Informant Mary Parker	Autopsy results
Address Luglby gud	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal Date thereot War 18195	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
(Burial, cremation, or removal, Which?) (month) (day) (feaf)	Where did labor occur? New Lally C.S. Mg
Cemetery or crematory	(City or town) (County) (State)
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?) Means of Injury of Research (See Of Injury of State Control of State
18. Funeral director	blazil medocal to
Address Bladenth bring Mid	23. SIGNATURE DUSCULARIO DE LO COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANION DEL COMPANIO DEL CO
19 3/18 147 amarda, Seuren	M.D. Grother
(Date ree'd by registrar) Registra	Address Quate signer

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1700)

CERTIFICATE OF DEATH

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	Reg. Dist. 140.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Elly or town (If outside city of town limits, write RURAL and give nearest town)	State Marchand County Trumae Gorge
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 4010 Ingraham
Jerna Memoriso to goar	(If rural, g ve LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Whitefor	3. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Sungle	20. DATE DE DEATH. MAR Cho 8 19 47 at 3 4 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Nov. 20, 1929	Immediais cause of death
8. AGE: Years Months Days / If fess than one day	Nemanhale and
() 3 8hrsmin.	Shoek
8. 8irthplace Martingues (Town, eounty, and grate)	Doe to Freeting of Jace of
10. Usual occupation.	Due to
11. Industry or business in were the mary and	
12. Name. 7	Other conditions Company Commenced
# 14 Maiden name Instella Smith	(Include pregnancy within 3 months of death) Major findings ol operations.
15. Birthplace Philadelphia Pa	Major manage of operations
16. Informant Assault Solute for A	Actopsy results
Address 4010 mg she of the atts only	XIIII
10 101 mail to 1947	22. VIOEENCE: If death was due to external causes, All In the following:
(Burlai, eremation, or removed Which?) Date thereof mannth (day) (year)	Accident, suicide, or homicide Date of
Cemetery or cremetory statesville Churchyard	Where did injury occur? (City or town) (County) (State)
Velta @	Injured at home, farm, Industry, public place (where?)
Location Court Court	
18. Funeral director & Speche sore	Meane of Thighty and the state of the state
Address Hyatterille Ind.	reputing wester grade
made in my made and	23. SIGNATUNE
(Date ree'd by registrar)	Address de la late signed - 5 - 6 7

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33.2/

03133

CERTIFICATE OF DEATH

g. Dist. No. 23

11		
l	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
I	County The Good	State Maryland County Prince gorge
I	(If outside city or town timits, write RUR II and give nearest town)	300
l	How long in above place of death? 24 4	City or town
	Hospital, Institution, or street address where death occurred:	Street No. J. 9. O. I - J. 2 mad Street
ı		(1f rurs), give LOCATION) 2.(a) If veteran, name war
ľ	How long in hospital or Institution?	3. (b) Social Security Number
	Warren Edward	Williams 3.(0) Social Security Number
ı	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male White Sugle	20. DATE OF DEATH March 7 19 47, at 3 47
		21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
ı	8.(b) Name of husband or wife	
ı	T. Birth date of	and that I last saw halive on
	deceased (mo., day, yr.) R ACF: Years Months Days / I fless than one day	Immediate cause of death
1	o. Ada.	acute Confessione
	2.7min.	heart failith
	9. Birthplace (Town, county, and state)	Due to May & Constitution of the Constitution
ı	1D. Usual occupation.	Dué to
	11. Industry or business	
	12. Name Texteel G Villouis 13. Birthplace	Dther conditions
1		(Include pregnancy within 3 months of death)
	14. Maiden name Chuncy Golinger 15. Birthplace Washington D	Major findings of operations.
	\$ 15. Birthplace Vestualin D	Date of op.
١	16. Informant Tredrack G. Wellans	Autopsy results
1	Address 39 pl- 52 nd Street 3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	2 march 7.1967	22. VIOLENCE: If death was due to external causes, fill in the following;
1	(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Timeral From	Where did injury occur?
١	Location 13th 4th st. 1.w washingsoul.	Injured at home, farm, Industry, public place (where?)
	I Deschi sons	Means of injury Injured at work?
	18. Funeral director	leganty medical flower
	Address Jefficience 2	23. SIGNATURE
	19	Address Destrell of Date signer 3-74

10 1947 HALLAN V 6.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

CB U3134
Reg. Dist. No. 23/0

1. PLACE OF DEATH: County Pr. Georges of Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Caargas Ca. Md. (If outside city or town limits, write RURAL and give nearest town)	State D.C. County		
	City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 1817 Kearney St. N. E.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
HELEN WILL IA	WISOIN		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white Married	20, DATE DF DEATH. 3/2/ 19.47, 11		
6.(6) Name of husband or wife. Dunbar C. Williamson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h L alive on 3/2/ 19.4/2		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Hypo static premmue 72 hrs.		
8. Birthplace Wash, DC	Due to Carcinomatorio, 8 your		
(Town, county, and state)	Generalizar - from		
10. Usual occupation.	Due to left fredst-		
11. Industry or business			
12. Name Herman Bein Rosen 13. Birtholace	Dther conditions		
MI M D. W. W.	(Include pregnancy within 5 months of death)		
14. Malden name / Lessitus Augustia	Major findings of operations and productions of		
15. Birthplace	left Breast will Date of op.		
16. Informant Suntan Wellanton	Antopsy results		
Address /) / / Carney St //. 6.	22. VIOLENCE: If dealh was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) • Bate (bereof Warch 24/47) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Fott Lincoln Cemetery.	Where did injury occur?		
Location Washington D. C.	Injured at home, farm, industry, public place (where?)		
18. Funeral director A. Alines Co.,	Means of Injury Injured at work?		
0000 0111 01 01 01 0	(7/1/-1		
	23. SIGNATURE AND OF OTHER		
19. 3/22 1947 Umanda Xtury	Address 1833 - Monross ME Rate claned 3/22/47		

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PLEASEWRITE

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St

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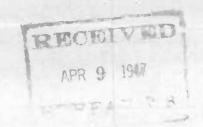
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03135

CERTIFICATE OF DEATH

Reg. Diat. No. 243

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Do Co County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored married	20. DATE DF DEATH Mar en 30 cm 1947 1/25 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jeley Loke 19.47, to New 20.30 19.47 and that I last saw h. Loke 20.00 19.47 Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	
37 37 6 12hrsmin.	Gelmonary Suberculous 3 mos
9. Birthplace Brandy, Virginia (Town, county, and atate) 10. Usual occupation Housewife	Oue to.
Thomas Thompson 13. Birtholace Brandy, Virginia	Other conditions
14. Malden name. Fannie Thompson, 15. Birthplace Brandy, Virginia	(Include pregnancy within 3 months of death) Major findings of operations
t6. Informant Deceased	Antapsy resalls
17. Newstal Date thereof War 31, 1947 (Iturial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location 20 Wash D.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director R. 77 Harton	Msens of Injury tnjured at work?
19. Man 30 1947 Rowland S. Philips (Date rec'd by registrar) Registrar	23. SIGNATURE Davil Leo Pinican M.D. or other Address Glenn Dale Md. Date signed Mar 30, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St.,	Baltimore	(13/4)
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80.	Dist.	No	. 31		

CERTIFICAT	E OF DEATH Reg. Dist. No. 2		
PLACE OF DEATH: GLOSGES	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RORAL and give nearest town)	State Many County Land		
How long in above place of death?	(If butside city or town limits, write RURAL and give nearest town)		
Think Though Tent Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or instilution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Sabah L. Hise	3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Timble white making	MEDICAL CERTIFICATION 20. DATE DF DEATH MEDICAL 22 1947 261254		
6.(6) Name of husband or wife Alababa A. Tribe 7. Birth date of S.(c) If alive, give age T. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to		
deceased (mo., day, yr.)	and that t last saw h 27 alive on 19.47. Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one dayhrsmin.	Cerebral Hemorkazk 14 day		
9. Birthplace Hagustown Md (Town, county, and style)	Due to Hyphelengial Carolo - Varenter Plan Disa 10 year		
1D. Usual occupation	Due to		
11. Industry or business 12. Name Linklann Juyn	Other conditions (Sollorian eloraria 15 200.		
3. Birthplace Suttrestruct, Carry	(Include pregnancy within 3 months of death)		
14. Maiden name Allanum Sullaman 15. Birtholace Anarstourn , 570 (Major findings of operations. June		
16. Informant Thus E. O. Dellaws	Autopsy results. Typic		
Address Mandand Valke, Frid 1	PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIDENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or remove Which?) Date thereot (monty) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
18. Funeral director 7. Fathers 32.65	Means of Injury Injury Injured at work?		
Address Many Frankling 2000 -	lacere & Lesson		
19. 3/23 1947 amanda Deurica Registrár	23. SIGNATURE MAN M. D. or other Address Where Warlfare Bate signed 3-23-47		

MAR 25 1947

A. ASI LONAN SAMPLANTING MAN

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DURATION

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Marie Constitution

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

eg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Prince Flett	AAA		
City or town	State May land county Truce Langes		
How long in above place of death? 15 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred	118 0 + 100		
Leland Memorial Hospital	Street No		
How long In hospital or institution? 18 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Frances & Luccora			
4. Sex 5. Color or race 6.(a) Single, maried, widowed, or divorced	MEDICAL CERTIFICATION		
Tem. White married	20. DATE OF DEATH. MISS 19 1947. 21 6 P.		
C. T 60111 3	21. I SERTIFY that death occurred on the date above etated; that I attended deceased from		
8.(b) Name of huaband ar wita and hone along along succaso	1947 to Marie 1947		
7. Birth date ot ()	and that I last sew h. La alive on Miss 19 18 47		
deceased (mo., day, w.) Sept 10 1920	Immediate cause of death		
8. AGE: Yeare Months Daye It iess than one day	acuts Cardian Facture		
26 6 9min.	+ 4		
9. Birthojace Boston Mars.	Oue to Host operative Topemus 3 hours		
(Town, connty, and state)	Wound Evisceration 3 hr.		
10. Usual occupation	Que to Chronic Weerstor Colitis 5 years		
tt. Industry or business			
E 12. Name anthony Marino	Other conditions.		
12. Name anthony Marino 13. Birthpiace			
# 14. Majden name. Florica Isllo	(Include pregnancy within 3 months of death)		
D . F	Major hodiars of operations		
≥ 15. Birthplace I Soston Maro.	with all abscesses. Date of op Man 10, 1947.		
16. Informant Laspular Cord.	Autopsy results		
Address L			
17 Quied Date thereof May 20-47	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or removal. Which) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato Stelly Classic Collection	Whera did injury occur?		
Location Dastigne Mass	Injured at home, tarm, industry, public place (where?)		
18. Funeral director WW Chacleson Co	Maane of Injury Injured at work?		
Address Risols dall mil	2 11) Malin Jux		
23. SIGNATURE			
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Kwerdule med Date signed 3-19-47		

